**Planning For Age-Friendly Cities: Towards a New Model**

**by**

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I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

**John Angelo Colangeli**

**Abstract**

This dissertation examines the potential for professional/community planning to respond pro-actively and strategically to the impending demographic changes which will be brought about by the aging of the baby boom generation. This multi-phased investigation was designed to explore whether professional planning could uncover models and concepts which can be used to make cities and communities more age-friendly. Several conclusions can be drawn from the study. It was found that planners are not ready for demographic change nor are they prepared for helping create age-friendly cities. This is due to several reasons, including a lack of resources forcing them to concentrate on short-term, immediate issues; lack of power and credibility; and a perception that the elderly are a lower priority in society. For planners to become proactive and strategic in planning for age-friendly cities, they will need to re-examine their tendency to focus mainly on land use planning;  focus on the long-term agenda; establish credibility with politicians; develop visionary skills; and become educators and facilitators, engaging key stakeholders and community groups.

The data indicated that planners have a limited knowledge of gerontology. However, a high level of congruence was found between the newer planning models and key research dimensions in gerontology. If these two fields were to work closer together, each would become better equipped to produce knowledge which will help society deal with aging demographics. Evidence also showed congruence between the newer planning models, building age-friendly cities and the environmental agenda. Common factors such as urban intensification (particularly in the core), building more compact urban form and increasing multi-modal transportation options (including pedestrianism) help reduce sprawl, congestion and pollution and concomitantly help create an environment which is healthier and friendly to all ages, including seniors. Findings from this research are used to develop a hybrid "Wise Growth" planning model to encourage the development of age-friendly cities.

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This dissertation is dedicated to my wife, Lee Ann.

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## Preface

A return to the halls of academia after a long absence is never easy. In the particular case of the part-time doctoral student, it seems doubly hard. The mysterious world of carrying out original research, choosing samples, analyzing data and defending one's work to seasoned scholars is all very daunting. However, as I have discovered on this journey, it can also open up a whole new world, a place where the ideas and possibilities seem endless.

My journey towards a doctorate has been a long and satisfying one. I have always believed that the helping professions are the highest form of calling and that education and learning are the keys to serving with excellence. These deeply held beliefs led me to complete a Master's degree in social work and then a master's degree in public administration where I was an R.S. McLaughlin Fellow at Queen's University. Later, as adviser to two Ministers of Health at Queen's Park, I had the opportunity to become part of the health care system at the policy-making level. During the course of my career, I have had the opportunity to be involved in seniors' services in many different capacities. Beginning as a social worker in a chronic care hospital and eventually becoming Chief Executive Officer of an organization that developed, constructed and is currently operating one of the first Continuing Care Retirement Communities built in Canada, has given me a unique perspective of the field. Over the last twelve years, this multi-level of care seniors' development has grown to include nearly 500 older adults and has become a model of excellence in the sector. From planning for bricks and mortar to developing all manner of programs and services for residents, this experience has made real the dilemmas, challenges and possibilities of combining planning with gerontology. Thus, my experience in the field, combined with doctoral-level studies, has helped create a dissertation which represents the culmination of many years spent in the field of seniors, alongside formal study.

I believe that good education should change a person in a profound and lasting manner. The PhD experience has certainly had this effect on me. I have been able to consolidate decades of field experience, particularly in planning services for older adults, with the world of academic knowledge. I have also learned what it means to be a scholar and a researcher. Perhaps this is the greatest gift because it will allow me to serve in future in ways I could not have imagined previously, including teaching, writing and pursuing the dream of creating an Institute at our organization in Waterloo which will act as a bridge between academia and the field of health and social services.

**CHAPTER 1:  INTRODUCTION**

**1.1     Study Context and Background**

Demographic change brought about by the aging of the baby boom generation (born 1947-1966) will profoundly affect North American society in coming decades. The research presented here is primarily concerned with the impact of aging on cities and with the potential for both planning theory and practice to respond to this major societal challenge.  It is anticipated that, by combining theoretical and research knowledge in planning with that in gerontology, particularly in the area of aging and the environment, we might uncover models and concepts which can be used to make cities and communities more age-friendly.  This study further explores the potential that newer planning models might hold for guiding planners to accommodate an aging population. Findings from the multi-phased investigation carried out as part of this research are used to develop a hybrid "Wise Growth" model of future community development. It turns out that there are implications for the broader field of social planning as well as for the status of the professional planner as an agent of urban development.

Over the next few decades, growth in the elderly population will have impact on North America's cities in a manner not previously experienced. Anticipated rapid growth in both the absolute number as well as the percentage of older adults aged 65 and over has been documented in the academic press as well as in popular literature. For example, in North America, the number of older adults aged 65 and over per 100 people in the population was 13 in 1950; 20 in 2000; and it is projected to be 36 in 2050 (Himes, 2001). Internationally, the World Health Organization reports that in 2050 there will be more people over 65 years of age than children aged 0-14 for the first time in human history (WHO, 2007). Concomitant demographic trends are also worth noting. For example, along with lower death rates, birth rates are also generally dropping in North America, Europe and in many other developed regions.  As well, adult children in the 21$^{st}$ century are more geographically mobile and less available to lend support to aging parents (Rosenberg and Everitt, 2001; Wilmoth and Longino, 2006). Meanwhile, the elderly population continues to become more urbanized than ever before (United States Census Bureau, 2008; Statistics Canada, 2006), presumably as a result of

selective migration. This dissertation is timely. There is immediate need to understand, anticipate and respond to an aging demographic profile within North American cities.

This dissertation is premised on the assumption that current urban planning practices act as barriers to the continuing independence and aging-in-place[1] of older adults. In the past, pursuit of the so-called 'American Dream' was linked to a prevalent, low-density land use (age and income segregated, zoned suburban form) alongside exclusionary zoning, both of which continue to this day so as to have become obstacles to developing viable options for an aging society (Howe, 2001; Ball, 2001). The situation is not without irony since extensive post-WWII suburbanization was driven by the demographics of that era (i.e. the baby boom). Decades later, this same 'baby boom' cohort will be faced with many challenges inherent in the suburban form in which they came of age. Unfortunately, as members of this cohort age, they will be less able to adapt to the negative externalities associated with low- density, suburban form, most notably social isolation in single-family homes and neighbourhoods and entrenched dependence on the automobile. Society could soon be faced with an aging baby- boom cohort who experience difficulty in gaining access to basic necessities of life such as shopping and health care. Meanwhile, more widely popularized problems associated with an all-prevailing suburban form-- lack of consumer choice in housing/neighbourhood design; unlimited outward growth; costly expansion of infrastructure and environmental degradation -- will also need to be addressed (see Filion, 2003; Down, 2005; Burchell, 2000; Ewing, Pendall and Chen, 2002; Kunstler, 1993).

Planners responded to the Post-WW II baby boom with what might be referred to as a "single planning umbrella". They adopted a predominant spatial form, popularly referred to as 'suburban', a form that proved to be well suited to the dominant demographic of the time, the middle-class nuclear family. Today we are told that the middle class is fast disappearing and that, especially in Canada, there is no one dominant demographic or cultural contingent. The research herein is most concerned with the disconnect that exists between suburban form and

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[1] The term *aging-in-place* will refer to seniors remaining in their own homes or to remaining in the same community but a different home as needs change (Rosenberg and Everitt, 2001).

the need to develop age-friendly communities but this topic also impinges on the broader, underlying planning ethos which assumes that all populations (can/should/must) be treated in a uniform manner. Planners in 21st century Canada will need to better learn to recognize difference and engage with a variety of stakeholders, including older adults in order to recognize and accommodate their special needs.

The dissertation research will also reflect on how it has come about that the planning profession has essentially never recovered the status and import it attained during the halcyon days of post-WW II modernism. From an almost exclusive focus on the 'plan' (e.g. land use planning) in the post-WW II years (see Dear and Laws, 1986), the planning profession's focus shifted to what might be called a process-orientation during the period from the 1960s to the 1990s. Continuing on the course set by Friedman (1973), Forester (1989), Healey (1996), Innes (1995) and others helped bring about the 'communicative turn' in planning which continues to have impact on both the academy and practice today. Many observers have weighed in on the communicative turn with its heavy emphasis on participatory process (see Levy, 1992; Brooks, 2002; Dear and Laws, 1986; Innes, 1983), and this debate also predominates as an important background theme in the data collected here. Either way, it would seem that today's planners, whether in the public or private sectors, have been relegated a status which is often secondary to many of the professions whom they work alongside. While attribution as to why the profession seems to have been metaphorically shuffled to the back rooms at city hall is complex and difficult to determine (see Brooks, 1988), the disconnect with an academy which is torn between process and form has likely not helped. Key informants interviewed made the point that understanding process was necessary in their work as planners, but that to become leaders in important matters such as preparing for aging demographics, planners had to offer something much more substantive.

In the past decade, newly popular planning methods such as Smart Growth, New Urbanism, Sustainable Development and Healthy Communities suggest that there may be renewed interest in land use and urban form among both academic and practicing planners. While interesting and important in themselves, from our perspective here it is particularly noteworthy

that these newer models may also hold the potential to help planners deal with an aging population. Research presented here demonstrates that combining theory and practice in planning (through Smart Growth) with that in gerontology also holds promise for more effective societal aging.

Planners can learn much from gerontology and gerontologists can learn much from planners. In the past, gerontology has concentrated mainly on the micro-environment of the home or the inside of purpose-built institutions such as seniors' developments. At the same time, planning has more or less stopped at the level of the (one-size-fits-all) street. It will be argued in this dissertation that planners and gerontologists must work together to move beyond their traditional boundaries. That is, gerontologists must move beyond the walls of the micro-environment to apply their knowledge to the realm of streets and neighbourhoods. Planners must learn from gerontologists, assimilating and melding their theoretical and empirical knowledge so that planning for age-friendly communities will lead society beyond the current status quo. Both professions must join forces in a new type of gerontological social planning, emerging from their respective silos to work together to guide the way in creating communities of engagement versus communities of disengagement, such as current suburbs and/or special-purpose, gated seniors' developments

The argument will be made that to deal effectively with societal aging, planners will need to be concerned with both form and process. The social side of planning therefore becomes a critical element in this formula. Planning for demographic change is tantamount to planning for social change. Thus, social planning needs to be brought back into the equation. For example, despite Smart Growth's significant potential to help re-make cities, the model as currently put forward lacks what might be referred to as the "people element." The people element has to do with the encouragement of both civil society and social engagement. This must be considered as a crucial part of Smart Growth if this planning method is to play an important role in dealing with societal aging.

Impending demographic change offers opportunity as well as challenge to the planning profession. The literature indicates that planning for older adults[2] as a unique population requires consideration of many domains such as housing, transportation, health and community services (Rosenberg and Everitt, 2001; WHO, 2007; Orr, 1990; Hodge and Gordon, 2008). Planners need to take on an early leadership role as facilitators and guides in creating age-friendly cities which engage older adults so they can live purposeful and fulfilling lives. The dissertation research will point towards a conceptual model for creating age-friendly cities which combines gerontology-based knowledge with physical (land use) planning, social planning and Smart Growth. Bringing these elements together will help ensure that Smart Growth is not only 'smart' but also 'wise', thus helping to create cities where older adults can live fully engaged and fulfilling lives.

## 1.2    Main Research Question and Sub-questions

The following comprises the dissertation's main research question:

*We can expect that demographic changes, especially societal aging, will have a great impact on North American cities. Does professional planning currently offer models or concepts that will guide us towards the development of more 'age-friendly' cities and communities? How might the planning profession move forward to embrace the concept of age-friendly cities?*

*Sub-questions:*

a) *What is the nature and extent of the age-related demographic change anticipated over the next several decades?*
b) *How prepared are planners, developers and other officials to adapt urban development styles for changing demographics and societal aging?*
c) *How can planners and others help develop age-friendly urban form?*
d) *Is there a planning model that incorporates or that could incorporate relevant knowledge in gerontology (particularly in the area of aging and the environment) to help cities prepare now for much-needed change?*

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[2] The terms older adults, elderly, and seniors will be used interchangeably in this dissertation and will refer to those 65 years of age or older.

**1.3     Research Objectives**

The research has the following objectives:

a)  To fill a knowledge gap in the area of demographic change and point to its potential to help create age-friendly urban form;

b)  To determine whether a new conceptual planning model could be developed which helps planners and others deal more effectively with impending demographic change and societal aging.

**1.4     Significance and Relevance of the Research**

The significance of this dissertation study is twofold: Firstly, it addresses the paucity of research and literature dealing with planning for societal aging (see Heumann, 2003; Myers and Ryu, 2008; Hodge, 2008).  These are important issues for planning theory and practice which deserve more attention, both with respect to the current state of affairs as well as to how things might be improved in future. Secondly, the research attempts to demonstrate how planners can learn from past experience. Impending demographics will soon usher in social change not unlike that which occurred post-WW II in terms of both the magnitude and significance of change. Meanwhile, the post-WW II planning response to the need for a new urban form, namely, single-use suburban form along with its many negative externalities, continues to remain with us today despite greatly altered societal circumstances.  This adherence to a past (perhaps out-of-date) planning agenda has inhibited progress on many fronts. This research will help remind planners of the lessons that might be drawn from experience and help point the way for the current generation so that they are better equipped and informed than their predecessors to be leaders at such an important time in the profession's history.

**1.5     Dissertation Findings**

A central aspect of this dissertation examines the potential for the planning profession to respond in a proactive and strategic manner to changing demographics and societal aging. It is found that planners are aware of these issues but are unprepared to deal with them. More specifically, the data indicate that planners have not thought deeply about helping create age-friendly cities. This is due to several reasons, including a lack of resources forcing them to

concentrate on short-term, immediate issues; lack of power and credibility; and a perception that the elderly are a lower priority in society. For planners to become proactive and strategic in planning for age-friendly cities, they will need to re-examine their tendency to focus mainly on land use planning; focus on the long-term agenda; establish credibility with politicians; develop visionary skills; and become educators and facilitators, engaging key stakeholders and community groups.

Another aspect of this multi-phased investigation was designed to survey both the planning and gerontology literature, alongside examining best practices, to determine which theories, models or concepts might guide us towards the development of more age-friendly cities. A number of conclusions can be drawn from data collected. First, a high level of congruence was found between the newer planning models and key research dimensions in gerontology. If these two fields were to work closer together, each would become better equipped to produce knowledge which will help society deal with aging demographics. Second, there was evidence found to indicate congruence between the newer planning models, building age-friendly cities and the environmental agenda. Common factors such as urban intensification (particularly in the core), building more compact urban form and increasing multi-modal transportation options (including pedestrianism) help reduce sprawl, congestion and pollution and concomitantly help create an environment which is healthier and friendly to all ages, including seniors.

Findings from this research are used to develop a hybrid "Wise Growth" planning model to encourage the development of age-friendly cities. The term 'wise' was included in the model's title because, while Smart Growth contains many elements which can be considered 'smart,' the approach also needs to become 'wiser.' Extending the metaphor, just as human beings (ideally) grow in wisdom as they grow older, then we might be able to make modifications to Smart Growth which render it smarter AND wiser, based on learning from past experience. Through the Wise Growth Model, two methods are proposed to achieve this end. First, a social planning/engagement element is added to Smart Growth; second, the approach is set up so

that it can be adapted to planning particular stages in the human lifecycle: in this case older adults.

The Wise Growth Model is developed from the primary data elicited from planners, gerontologists and other key informants in the research. It also builds on principles from the newer planning models, as well as previous research in planning and gerontology, primarily

**Figure 1.1: THE WISE GROWTH MODEL- Combining Theoretical and Research Dimensions in Smart Growth and Gerontology: can closer ties help cities prepare for elderly demographics?**

**City with Systemic Barriers to Aging-in-Place**

**The Age-Friendly City**

**Comprehensive Planning**
- Euclidian planning: sprawl and single-use urban form
- plan for land 'use' not people
- holistic planning for people's entire 'lifecourse'
- diverse land use zoning
- density and adaptive re-use (Smart Growth)

**Housing**
- age segregated, single-use development
- gated communities
- diverse and innovative options across income levels
- high integration (mixed use development)
- density, walkability

**Transportation**
- primarily auto-dependent
- adaptive to older adults
- various options (transit, walking, cycling)
- connectivity with key destinations, seniors' housing; retail; services; recreation

**Healthy and Safe Urban Environment**
- planning for natural, built and social environments takes place in "silos"
- integrated planning for natural, built and social environments
- guided by social and environmental determinants of urban health

**Engagement in Civil Society**
- segregation/marginalization of older adults
- high integration / social participation
- many formal and informal supports

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W.H.O.'s Global Age-Friendly Cities Project (WHO, 2007); and the work of Hodge (2008); Howe, (2001); and Rosenberg and Everitt (2001). As may be seen in Figure 1, the key dimensions which help create age-friendly cities (comprehensive planning, housing, transportation, healthy and safe urban environment and engagement in civil society) are represented as double-ended

arrows. Every arrow is a continuum which cuts across each of the dimensions. On the left is the city with systemic barriers to aging-in-place and on the right is the age-friendly city. The model combines knowledge in both planning and gerontology as regards developing age-friendly cities. Wise Growth is a holistic planning model which integrates planning for the built, natural and social environments. As shall be explored further later in the dissertation, the model also melds together 'How to planning' (i.e. bricks and mortar land-use planning), 'Who with' planning (i.e. the sort of planning espoused by the communicative and transactive schools) and adds a third element, 'Who for' planning (i.e. social planning for engagement in civil society which is key to successful aging).

Finally, it is relevant to note that the sum of all of the key components of the Wise Growth Model can only become greater than their individual contribution if those responsible for planning and public policy in the various sectors/domains (i.e. land use, housing, transportation, etc.) do so in an integrated and concurrent manner. For the integrative aspects of model to be successful, planning in each of the sectors must be concurrent and timely and involve stakeholders (older adults) in the process. It is only under such conditions that more sustainable, age-friendly form will emerge from the planning process.

## 1.6     Dissertation Outline

The dissertation has a total of eight chapters. Following this chapter, it includes:

**Chapter 2:** an overview of individual and societal aging. Theoretical perspectives in the area of aging and environment are also presented, as are the major theoretical models in gerontology deemed most applicable to planning;

**Chapter 3:** a history of planning theory and its changing form through the post-WW II era, modernism and post-modernism. The newer planning approaches/models are reviewed, as is planning's role in adapting to social change;

**Chapter 4:**  the research methodology used in the dissertation study. Data collection and analysis methods are discussed. A qualitative approach was utilized as the research type. Study sites were chosen in both Southern Ontario (Greater Golden Horseshoe) and in Northern Ontario. Chapter 4 also outlines the findings and discussion of an initial exploratory study which

examined the major issues and questions in planning for older adults. The findings of a preliminary study which explored the newer planning methods and their relevance to a group of older adults (residents of a retirement community) and young people (graduate planning students) are also presented;

**Chapter 5:** initial findings and discussion relating to the main dissertation study, specifically key national and international informants who were sought out and asked to provide best practice examples of creating age-friendly urban form from work in their respective region or country. These data served to place the dissertation work in an international context. However, selected findings from this review are further analyzed in Chapter 6;

**Chapter 6:** findings and initial discussion relating to the main research study which examined the primary research question and sub-questions. The total number of interviews completed for the main research study was 52; 14 interviews were completed with national/international key informants and 38 interviews were carried out in the two study sites of the Region of Waterloo (Kitchener, Waterloo, Cambridge) and Greater Sudbury;

**Chapter7:** a detailed discussion of the findings of the main study;

**Chapter 8:** a discussion of the Wise Growth Model, summary of findings, delineation of the contributions made to knowledge in the field, study conclusions and suggestions for future research.

**CHAPTER 2:  DEMOGRAPHICS AND AGING AND THE ENVIRONMENT**

**2.1      Introduction**

This chapter begins with a brief demographic overview that encompasses North American and international perspectives, with further details presented in Appendix A. A survey of the literature follows which assesses the state of knowledge regarding aging and the environment from both theoretical and practical points of view. Given that population aging is a demographic trend which we know will predominate population change in the near future, it is essential that what we know about the aging process be considered, particularly from the point of view of how this might or might not be applied to understanding/developing current planning and policy agendas.  Specifically, the questions to be explored in Chapter 2 are:

i)      Given current demographic trends, how well do theories of aging and the environment apply to the real world of planning age-friendly urban environments for the elderly?

ii)     While most observers would agree that gerontology, particularly in the area of aging and the environment, has much to say about the micro-environment of the home or institution, how well does the field address the macro-environment 'outside the walls'? Further, what can planners learn from a review of the literature as regards seniors' housing?

iii)    Since social engagement/participation is seen as a crucial part of healthy aging (see Rowe and Kahn, 1998; World Health Organization, 2002; Katz, 2000), how useful is current knowledge in the area of aging and the environment in helping build age-friendly communities or 'communities of engagement' for older adults?

**2.2     CHANGING DEMOGRAPHICS AND AGING**

**2.2.3   International Perspective**

Since demographic shifts both internationally and in the North American context form the overarching context of the dissertation topic, a brief review of these forces is presented below, with more details contained in Appendix 1. Underlying the demographic bulge that is made up

of aging baby boomers, there are essentially, two main dynamics: increased life expectancy and decreased fertility rates that represent forces driving what has been referred to as the 'demographic transition' (Kalache et al. 2005). Some of the major aspects of the demographic transition from an international perspective include:

**i) Fertility rate patterns:** have shown a steady overall decrease since the late 1960s and are reported by the United Nations to be at below replacement-rate fertility[3] levels in all 45 developed countries (as of 2006);

**ii) Life expectancy at birth:** expectancies for both men and women in the world's most populous countries are increasing, meanwhile, the trend of women outliving men is projected to decline in future years but this will be more a matter of men 'catching up' to women and of both sexes living longer (WHO, 2008);

**iii) Morbidity and Mortality:** morbidity and mortality rates in the developing countries of the world remain low and are projected to decline further (United Nations Population Division, 2006; WHO, 2008; Kalache *et al.,* 2005);

**iv) Urbanization:** an observation made by the World Health Organization is that both aging of the population and the process of increased urbanization are the result of improvements made in human development over the last many decades. In general terms, the world is becoming more urbanized with over half of the global population now living in cities and by 2030 it is estimated that the figure will be 60%. Montgomery *et al.* (2003) argues that by 2030, 80% of the population of North America, Europe, Australia and Latin America (in addition to more than 50% of Asia and Africa) ill be urbanized (Montgomery *et al,* 2003, p.3);

**v) Migration:** international migration from less well-developed economies to developed ones is also an important demographic dynamic and one which takes on particular importance as fertility rates decrease for incumbent populations in developed nations (United Nations, 2006).

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[3] The replacement level fertility rate refers to the number of births per woman required to maintain a population long term, which is 2.1 (U.S. Census Bureau, 2008).

### 2.2.4 North American Perspective

Most of the demographic trends noted internationally are also reflected at the North American level. Some of the major North American trends are presented in Table 2.1 below. A more comprehensive discussion of demographic trends that deals specifically with the Canadian and International contexts is provided in Appendix A.

**Table 2.1: Major North American Demographic Trends**

**Rapid growth in absolute number and percentage of older adults** aged 65 and over. The population is aging rapidly with 4.3 million Canadians aged 65 years of age and over in 2006, a 12% increase since 2001. The fastest growing 10 year cohort between 2001 and 2006 was the 55 to 64 age group which grew by 28%, five times the national average (Statistics Canada, 2006). Projections show the 65 years and over group will grow from 12% of the U.S. population in 2004 to 20.7% in 2050 (U.S. Census Bureau, 2004). In Canada the percentage will rise from 12.5% in 2005 to 26.5% by 2051 (Statistics Canada, 2006).

**Longevity** is rising overall and in over 85 years of age cohorts particularly. In Canada, this group grew from 196,000 in 1981 to 492,000 in 2005; by 2021, 800,000 are estimated (Statistics Canada, 2006). In the U.S., projections show growth from 5.3 million (2006) to 21 million in 2050 (U.S. Census Bureau, 2008).

**Retirement age has fallen** over the past two decades. In Canada the median retirement age was 64 until 1987 but by 2005 it was 62.6 years for men and 60 for women (Statistics Canada, 2006). Since labour participation rates increase with educational attainment, seniors may work longer in future (Statistics Canada, 2006; Gendell, 2008).

**Racial diversity:** seniors are currently less racially diverse than the general population but will become more so over the next 50 years: in the U.S., in 2000, 83% of the over 65 population was white Caucasian yet by 2050 it is estimated this percentage will decrease to 61% (Wilmoth and Longino, 2006; U.S. Census Bureau, 2008).

**Educational attainment** rates will increase as baby boomers age. "Near-seniors" are about twice as likely to have attained a university degree than current seniors (Statistics Canada, 2006). In 1965, only 5% had bachelor's degree and by 2007, 19% had one in the U.S. (U.S. Census Bureau, 2008).

**Replacement Fertility Rate:** fertility rates are decreasing. In Canada, the total fertility rate dropped from 1.83 per woman in 1974 to 1.53 in 2005 (Statistics Canada, 2007), while in the U.S. it is 2.0 per woman. Only 25% of U.S. households are projected to have children by 2025 (U.S. Census Bureau, 2008).

**The traditional structure of families** is changing. Blended families and families where long distances separate the generations are now common (Wilmoth and Longino, 2006).

**Household size** continues to decline as people have fewer children or none living at home. In 1960, the proportion of one person households in the U.S was 13%; by 2006, it was 27.1%. (U.S. Census Bureau, 2008). Projections indicate that as the U.S. adds 32 million households between 2000 and 2025, single person households will account for 34% of that growth (U.S. Census Bureau, 2008).

**Marital Status:** older men are much more likely to be married (78%) than older women (57%) and the proportion married drops for both groups at older ages (U.S. Census Bureau).

### 2.2.5 Implications of North American Demographic Shifts

The demographic transition described in the foregoing pages, particularly the dynamics of an aging population, decreasing fertility rates, shrinking household size and growth in developed countries resulting from net immigration, will produce significant societal change in future. Some countries, for example, Japan, Italy and Germany (with people 65 and over as a percent of population at 20%, 19.5% and 18.6% respectively in 2007) already have aged populations and are currently experiencing its effects (Myers, 2007). While Canada and the U.S. have lower proportions of elderly to the overall population, one metric which takes on particular significance in such scenarios is the old-age dependency ratio or the number of people over 65 years of age per 1000, working-age residents. Myers (2007) observes the U.S. will face substantial increases from a current dependency ratio of 246 elderly per 1000 working age residents to 411 in 2030.[4]

Another demographic impact of the aging of North American baby boomers involves housing demand and prices. For example, in the U.S., the cohort of 78 million baby boomers buying houses since 1970 has been a defining feature of the real estate market. As younger buyers enter the housing market, however, Myers and Ryu (2008) observe these cohorts will be smaller in number and less economically advantaged. Combined with the idea that at some point older adults reach a 'crossover point' where selling of real estate surpasses buying, a real estate bubble may begin to develop (Myers and Ryu, 2008). The planning implications of the retirement of the boomers thus:

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[4] Myers (2007) goes on to analyze these trends and concludes that immigration can not only make up for declining population growth but it can also help mitigate the effects of a worsening old age dependency ratio, dropping it over 20% by 2030 even in a moderate immigration ratio.

"…could signal the end of the postwar era for planning and reverse several longstanding trends, leading decline to exceed gentrification, demand for low-density housing to diminish and new emphasis on compact development. Such developments call planners to undertake new activities, including actively marketing to retain elderly residents and cultivating new immigrant residents to replace them" (Myers and Ryu, 2008).

Another important theme related to that above relates to aging and the inner suburbs. Generally, the process of suburbanization has continued outward from the city core. While definition of what constitutes an inner suburb varies, these suburbs were essentially low-density, single family areas built in the post-WW II era between 1950-1969 (Leigh and Lee, 2005).[5] As a result, since this suburban evolution from the city core involves the concomitant aging of the housing stock and the residents, the "signs of this aging process are most pronounced- and have their greatest impact- in the inner suburbs" (Sternlieb and Lake, 1975). Many observers have commented on the plight of inner-ring suburbs and their deterioration because they lack the amenity and commercial advantages of the central core or the residential advantages of the outer-ring suburbs (see Leigh and Lee, 2005). Fishman (2000), in a survey of major metropolitan regions identified a continued poverty problem in inner-ring suburbs and Howe (2001) has also noted that the aging of the suburbs will be most pronounced in the inner suburbs and move concentrically outward (Fishman, 2000; Howe, 2001). Research to date seems to suggest that older suburbs are experiencing problems somewhat akin to those experienced in city cores in the immediate post-WW II decades. Some of the significant trends associated with the decline of inner-ring suburbs include spillover of inner city problems (e.g. crime); revitalization and back-to-the-city movements; and continued decentralization and growth of the outer suburbs (Lucy and Philips, 2001; Leigh and Lee, 2005). Further, higher-income baby-boomer elderly are more likely to age-in-place in the more affluent outer suburbs while older, less well off seniors will reside in the inner suburbs. Frey (2000) observes that "Central cities and inner suburbs in metropolitan regions that have suffered economic and demographic declines in recent decades will continue to house disproportionate numbers of

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[5] Downs (1997) simply defines inner suburbs as "legally separate communities immediately adjacent to, and contiguous with, the central city of a metropolitan area (Downs, 1997, p.359). Leigh and Lee (2005) provide a good overview of current definitions of this term in their article "The Role of Inner Ring Suburbs in Metropolitan Smart Growth Strategies."

the nation's disadvantaged elderly- older elderly people, widows and widowers, female-headed households, those with incomes below or near the poverty level and those who have relatively high levels of disability. As they continue to age-in-place,[6] this contingent of the population "will pose special challenges for local institutions that are often the most financially strapped" (Frey, 2000, p. 23). In such a scenario, as both the housing stock and the residents continue to age in the inner suburbs, continued deterioration will become an important area for further research and policy attention.

These themes will re-emerge later in the dissertation as the many planning implications of the coming demographic transition are more fully explored.

## 2.3    AGING AND THE ENVIRONMENT:  THEORETICAL PERSPECTIVES AND CONCEPTS

The impending demographic changes described in the previous section indicate that the aging of the baby boom generation will have a profound effect on North American society in the decades to come. Preparing for these changes in a strategic and pro-active manner by beginning to create age-friendly urban form implies an understanding of both gerontology and planning theory, as well as exploring their interstices. This section will present the major theoretical models in gerontology, focusing on aging and the environment. Similarly, the more practical or applied side of the gerontological, equating major concepts in the area of seniors' housing and aging-in-place, will also be explored. The overarching concern throughout relates to ways in which this body of knowledge might hold relevance for urban planning.

### 2.3.1   Theories of Gerontology and Their Applicability to Planning For Age-Friendly Cities

While a complete and detailed survey of the theories of aging is outside the purview of this dissertation, a selective survey of the theoretical highlights applicable to planning are presented to set the context for the remainder of the discussion. Scholars in gerontology have invested decades in translating empirical findings into theoretical insights and social gerontology has produced succeeding generations of theory, both descriptive and explanatory

in nature.  Some of the most important questions addressed by gerontological theory and research with respect to older adults and their environment are as follows:

> "What makes for successful aging?
> What should the elderly do?
> What should our society be doing with regard to older people?
> What enhances older people's life satisfaction and well-being?
> What explains different levels of productive activity?
> Is it beneficial for the elderly to be active in the community?" (Hooyman and Kiyak, 1996)

> "With whom, and where, do older people live?
> What are the environmental challenges older people must conquer to remain independent and mobile in their community?
> Why is 'aging-in-place' the preferred housing choice in later life?
> To what extent do older people move or migrate – to a different type of housing or to new neighbourhoods or communities?" (McPherson and Wister, 2008).

As shall become evident in the following section, an earlier wave of gerontology theory (e.g. role theory, activity theory, disengagement theory, continuity theory) tended to focus on the individual and his/her adaptation in later life while more recent theory (age stratification, political economy, critical gerontology) looks to societal structures to explain the aging experience (McPherson and Wister, 2008). Undoubtedly, this shift in the field of gerontology is related to the late 20th century emergence of the structuralist position throughout the social sciences which added to (and re-examined) earlier insights gleaned through the use of (individual) constructs and analysis that appeared to be more rooted in the medical model.

Table 2.2 provides a brief survey of major gerontological theory/areas of knowledge, including the biological aspects of aging, social theories of aging and Lawton and Nahemow's (1973) ecological aging model. Applied research findings are also explored as are their potential policy application.

**Table 2.2:** **Brief Overview of Theories and Knowledge in Gerontology/Aging and the Environment and Their Application**

| Theory/Area of Knowledge | Applied Findings | Potential Policy/Planning Application |
|---|---|---|
| *Biological/Physiological Aging:* | | |
| ➤ Gradual decline in body's structure and function & decline in energy levels. Much variation due to genetic, social and environmental factors (McPherson and Wister, 2008) | Declines in function can be slowed through exercise, nutrition and engagement in life (Rowe and Kahn, 1998) | Design mixed-use, walkable neighbourhoods so older adults remain healthier and more active |
| ➤ More recently, life expectancy has increased, disability onset delayed and energy levels maintained (McPherson and Wister, 2008) | Older adults can age more successfully and continue to engage in life and maintain higher cognitive and physical function (Rowe and Kahn, 1998) | Design age-friendly features in urban environment (e.g. universal design; traffic lights allowing more time for crossing street; kneeling buses; jitney buses) |
| ➤ Beyond middle-age, structural changes occur in sensory processes e.g. vision, hearing (McPherson and Wister, 2008) | May lead to less mobility, isolation, depression (Tolman et al., 2005) | Ensure older adults have transportation alternatives when functional impairment no longer allows for driving |
| *Social Theories of Aging* | | |
| ➤ *Role Theory:* roles are key to self-concept, identity and are congruent with one's chronological life course (Cottrell, 1942) | The loss of important roles (e.g. work-related ones) can also result in reduction of self-esteem and social identity (Rosow, 1985) | Changes in key roles at times such as retirement from work should be done gradually, shifting from work-related to leisure-based (Ekerdt and De Viney, 1993) |
| ➤ *Activity Theory:* the self-concept of older adults is maintained through those activities which are typical of the middle-age years (Havighurst, 1963) | Retirement communities and seniors' centres adopted activity theory as basis for their activity programs (Hooyman and Kiyak, 1996) | Through the 1960s and 1970s activity theory was used as one of the basis for social policy (Minkler and Estes, 1984) |
| ➤ *Disengagement Theory:* as they age, older adults disengage from formal (productive and competitive) roles and take on less formal (social and family-based) roles (Cumming and Henry, 1961) | As older people with less energy withdraw from formal work roles, younger, more energetic people fill these roles (Hooyman and Kiyak, 1996) | Using disengagement theory as a guide for social services policies for the elderly implies that services should be aimed at facilitating their withdrawal (Hooyman and Kiyak, 1996) |

| | | |
|---|---|---|
| ➤ *Continuity Theory:* personalities and lifestyles result in a diversity of ways in which people age and adapt (Atchley, 1989) | Theory states that core personality traits become more pronounced as we age (Neugarten, Havighurst, Tobin, 1968) | Difficult to apply theory to policy because of its complexity. |
| ➤ *Age Stratification Theory*: social structures and institutions interact with people in their various life stages, including older adulthood (Riley et al., 1972) | Structural Lag: demographic age-based changes in people's lives and changes in social institutions sometimes occur at different times thus creating strain (Riley, 1994) | Notion of structural lag is useful for conceptualizing and addressing social/planning issues. |
| ➤ *Political Economy of Aging:* refutes the notion that old age is a 'disease' and that dependency is inevitable (McPherson and Wister, 2008; Estes, 1986) | Labels such as 'elderly' or 'seniors' shape perceptions as well as public policy (Laws, 1995; Estes, 1991) | Critically examines the role of social policy in shaping the lives of older adults, particularly the disadvantaged. |
| ➤ *Critical Gerontology:* a post-modern approach examining issues, analyses and populations usually excluded by mainstream gerontologists (Baars, Philipson *et al.,* 2006; Laws, 1995) | Focuses research attention on groups other than white, middle- and upper-class males. | Argues for a more inclusive approach in social policy for disadvantaged groups, particularly low income elderly. |
| **_Person-Environment Theory_** | | |
| ➤ Lawton and Nahemow's (1973) Ecological Model of Aging argues that (aging) adaptation is the result of the interaction between environmental press and individual competence. | Theory considers the personal environment; the group environment; the neighbourhood; social environment and the physical environment. | While some observers claim P-E theory's potential has remained unfulfilled, the model has been useful in understanding the "dynamic interaction between individual action and environmental influences" (Kendig, 2003, p.612) |

Building on the analysis presented in Table 2.2 above, a more detailed discussion of those gerontological theories that seem to be most applicable to planning follows:

*i)*      ***Role Theory:*** an early attempt to explain older adults' adjustment to aging was role theory (Cottrell, 1942).  Individuals were seen to assume a variety of social roles during their

lifetime, for example, mother, student, son, etc. These social roles define a person and are seen to be at the root of one's self-view and identity. Usually, chronological age is seen to circumscribe the nature of the role one plays at each life stage. As one ages, however, role dilemmas occur when older adults lose important roles (e.g. an older worker is forced to retire). Since role theory sees social roles as being the basis of one's self-concept, such losses may lead to lower levels of self-esteem and less clarity in terms of social identity (Roscow, 1985). As a large cohort of healthier, wealthier baby boomers begins to age, these preconceived notions of clearly defined roles, sequentially defining one's 'place' at each life stage will likely be further challenged as a suitable framework with which to explain aging. When examining societal aging in the new millennium from the (rather dated) lens of role theory, the important question becomes what is the role of elders in North American capitalist society and do they have a role beyond that of 'residuals?' Further, how much can be accomplished by changing perception of roles? One approach aimed at changing role perception among baby boomers is being spearheaded by the Canadian Association of Retired Persons (CARP), a lobby group now under the ownership and direction of Canadian media mogul, Moses Znaimer, and his organization called 'Zoomer' Media. Znaimer is using a 're-branding' approach to change perceptions of aging in Canadian society, through use of the term 'zoomer' (versus boomer), a high-end magazine, a special-purpose radio station (Zoomer Radio), national lobbying and other means. Whether such efforts will succeed in changing public perceptions about aging is still an open question but the fact that a high-profile entrepreneur such as Moses Znaimer would choose to purchase CARP seems a signal that aging is no longer a peripheral activity but rather one which is entering the mainstream realm of business and society. If this is the beginning of a trend where aging (influential) baby boomers focus their considerable economic and social power on changing the role definition of aging, then they will, in fact, also change the nature of aging itself.

*ii)* **Activity (Substitution) Theory:** another early theory which emerged from the Kansas City Studies of Adult Life at the University of Chicago (1952) was activity theory. Havighurst (1963) argued that adaptation in older adults was dependent upon continuing to lead an active life. Since activity theory accepts that self-concept is rooted in certain roles typical of

middle/late life, then continuing those activities which gave meaning and satisfaction in middle life during the later years was seen as desirable. Havighurst (1963) also argued that as roles were lost with advancing age (e.g. employment, widowhood), then new roles should be added or learned to maintain an active life (Havighurst, 1963). Critics of activity theory point out that some individuals have never been active yet seem quite satisfied and that others are active and are dissatisfied. Personality was eventually acknowledged as an important part of the relationship between life satisfaction and activity levels even by Havighurst (1968) lending some credence to the notion that some individuals might welcome a reduction in activity as they advance in age and find this practice to be desirable. Re-examining Activity Theory through more recent findings such as the MacArthur Foundation Studies on Aging (Rowe and Kahn, 1998), few observers would argue that some purposive activity (along with social engagement) is important for the well-being of older adults. In fact, as shall be later argued, the notion that older adults should remain engaged in their neighbourhoods specifically and in civil society generally is an important finding relevant to both gerontologists and planners.

***iii)*** ***Disengagement Theory:*** Cumming and Henry (1961) challenged the notion that older adults had to continue to pursue activities in order to age successfully. Disengagement theory was one of the first interdisciplinary theories and began to shift the focus from the individual to the interaction between the older person and society. The premise of disengagement theory was that adaptation later in life was positive for both society and the individual. The theory assumes that with age comes loss of energy and inevitable decline in abilities, thus the process of disengagement from societal expectation is viewed as normal, allowing the individual to maintain a sense of worth and dignity (Cumming and Henry, 1961).

Disengagement theory failed to account for significant individual differences and was roundly critiqued. Some observers pointed to cultures where older people gain in prestige and power as they assume new societal roles. Individual preferences were also not explained by the theory since the disengagement process does not appear universal: those who were engaged throughout life may continue to be so and there are also those who were never engaged in the first place (see Hochschild, 1975; Achenbaum and Bengston, 1994).

Despite shortcomings, both activity and disengagement theory contain concepts which are particularly applicable to planning practice. The lesson to be drawn by planners as they influence design of the built environment is to take into account the reduced energy some older seniors' experience. Thus, a compact and accessible urban form with transit (public and on-demand), shopping outlets and medical and cultural/recreational facilities becomes crucial for healthy aging. Universal design principles which aim to eliminate barriers are another way to ensure accessibility and conserve the amount of energy expended by the older person in carrying out the activities of daily living.

Table 2.2, earlier, highlighted one practical implication of disengagement theory, namely that it was once used to justify the role of social policy in facilitating the orderly withdrawal of the elderly from mainstream society (Hooyman and Kiyak, 1996). Laws' (1993) observation that ageist attitudes can affect state policies as well as private sector offerings of housing options developed for the elderly is also worth noting. Thus, the cautionary note in conceptualizing aging as 'disengagement' is that it feeds the North American stereotype which, in turn, will exacerbate the marginalization and exclusion of the elderly.

*iv)* *Continuity Theory:* in a later theory which emerged in gerontology, Atchley (1989) argued that individuals are best able to age successfully if they can carry on a similar lifestyle to that which they maintained in their early and middle years. Atchley argued that as one ages, core values and personality characteristics become increasingly pronounced. As the person endures the loss of certain roles, they will be replaced with similar ones, enabling them to maintain their adaptive style and thus preserve psychological continuity and life satisfaction. Continuity theory was difficult to test empirically due its complexity; it also focuses on the individual rather than examining the interactive relationship between the older person and the many external social factors which play a part in the aging process (Hooyman and Kiyak, 1996).

Continuity theory is important to planners when designing for an elderly demographic. For example, seniors' housing should allow for many options and preferences so that various adaptive styles may be accommodated. Planners also need to be sensitive to how elderly cohorts have lived and adapted to the built environment, and plans such as development of

future housing options should consider the theme of continuity rather than presenting an entirely alien reality to a particular client group. One example is the (now) elderly cohort who came of age in the post-WW II older inner suburbs. While the challenges involved in retrofitting such areas are not insignificant, planners must respect the continuity of the long and significant relationship between the residents of such neighbourhoods and their unique spatial aspects. As changes are brought to bear, designs which enhance this continuity rather than diminish it become important.

*v)* **Person-Environment Theory:** Person-Environment (P-E) Theory is also applicable to planning. Built on the work of Lewin (1951), the most influential contribution to the field of environmental gerontology was that made by M. Powell Lawton. In 1973, Lawton and Nahemow presented their "Ecological Model of Aging" to explain individual behaviour and adaptation in terms of the changing balance between the demands which are imposed by the environment (press) and the person's ability to cope with such demands (competence). The main hypothesis drawn from Lawton's work was that those with higher competence levels can withstand greater levels of press from their environment while those less able to withstand such press will have more difficulty with the demands imposed by their environment (Lawton and Nahemow, 1973). Later evaluation and critique of the P-E model by Kahana *et al* (1982) and Carp and Carp (1984) resulted in development of the congruence approach which emphasized behavior as the result of how the environment meets individual needs.

Cvitkovich and Wister's (2001a; 2001b) more recent research using various iterations of the Person-Environment fit model include consideration of multi-level environmental domains and is particularly helpful. An understanding of Cvitkovich and Wister's (2001; 2002) revisions yields greater insight on the part of planners for seniors' subjective experience in three important domains identified by the authors: structural resources which include housing, neighbourhood and the community; social support (e.g. from neighbours and others) and service support (from health and social service agencies). These concepts are useful because they begin to move the field of gerontology out of its usual microenvironment mindset and into the realm of neighbourhood and greater community. Additionally, the concepts developed by Cvitkovich and

Wister (2001; 2002) are applicable to planning, particularly in the areas of developing neighbourhood design which reduces environmental press and enhances the possibility of social and community support.

Whal and Weisman (2003) offer the critique that "environmental gerontology may be described as a field high in conceptual aspiration ('world views') but low with regard to making research and application-productive use of its theoretical achievements" (2003, p.1). Kendig (2003) notes the "astonishing paucity" of research beyond the home environment in P-E theory, arguing that research should be extended to neighbourhoods and cities, particularly in view of "important macro-dimensions to change, such as aging of the baby boom cohort in post-war suburbs." (Kendig, 2003, p.612). Thus, the opportunity to connect gerontology research with that in planning is promising and will be dealt with throughout the dissertation.

**vi)    The Life Course Perspective on Aging:**  many theories, models frameworks and perspectives are used in the study of aging. McPherson and Wister (2008) argue that while theories and models are more formal and specific explanations for a social phenomenon such as aging, the term 'perspective' connotes a more global or general view. This is the case with the life course perspective on aging which has advanced the study of gerontology in recent years and is also referred to by some observers as a "dynamic bridging approach" between the "individual and structural approaches to social phenomenon" (McPherson and Wister, 2008, p.132). Bengston, Elder and Putney (2005) conceptualize the life course perspective on aging as:

"…a sequence of age-linked transitions that are embedded in social institutions and history. As a theoretical orientation, the life course perspective sensitizes researchers to the fundamental importance of historical conditions and change for understanding individual development and family life.  It establishes a common field of inquiry by defining a framework that guides research in terms of problem identification and formulation, variable selection and rationales, and strategies of design and analysis" (Bengston, Elder and Putney, 2005, p.493).

The major principles of the life course approach to aging have much applicability to planning. Table 2.5 indicates how some of these major principles might apply to planning practice. McPherson and Wister (2008) use the metaphor of our journey through life being like a roadmap to explain the life course perspective; "it involves many possible alternative routes that can be taken or not taken and many alternative destinations or outcomes. The pathways

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followed as we age are a product of our place in history, of our place in the social structures of our world, of agency and the decisions we make, and of the consequences of earlier decisions we made" (McPherson and Wister, 2008, p. 132). Applying these principles to the cohorts of aging boomers may be useful for planners. For example, as planners design urban form for these cohorts in coming years, they should bear in mind the major defining elements of this particular generation (political involvement; coming of age in suburbia; high societal engagement, etc.) and factor them into their approach (see table 2.3).

**Table 2.3:      Principles of the Life Course Perspective on Aging and Applicability to Planning**

| Five Principles of Life Course Perspective on Aging | Applicability to Planning |
|---|---|
| ***Principle of linked lives:*** "emphasizes the interconnectedness of lives, particularly as linked across the generations by bonds of kinship…[lives] are linked over time in relation to changing times, places and social institutions" (Bengston, Elder and Putney, 2005, p.493). **Example:** periods of economic decline | Planners are simultaneously confronting aging of the baby boom cohorts and a current period of decline in many North American housing markets. As boomers age, planners can help to better understand the needs of these cohorts (e.g. move away from dispersed, large suburban homes to more age-friendly development) |
| ***Principle of historical time and place:*** "pertains to historical time and place, emphasizing the importance of social and historical context in shaping individual lives. Large events such as depression and wars, or the relative tranquility or turbulence of a historical period, shape individual psychology, family interactions and world views" (Bengston, Elder and Putney, 2005, p.493). **Example:** significant depressions or wars | While post-WWII planning focused on land use, the ensuing years (1960s and 1970s) saw the rise of social planning. Now, as the profession moves back towards a (physical) form orientation (e.g. Smart Growth), the importance of social engagement, civil society and social planning in general must be re-captured. This is particularly relevant given the impending aging of the Baby Boomers. New forms of housing must be age-sensitive without becoming exclusionary. |
| ***Principle of the importance of transitions and their timing:*** as different age cohorts encounter historic and structurally created opportunities, they may create the impetus for change (Elder et al, 2003; Bengston, Elder and Putney, 2005). **Example:**  social upheavals of the 1960s and 1970s | The magnitude of the aging boomer cohorts is so significant, societal structural changes will ensue. Planners should be ready with innovative new approaches which may not have been feasible in past (e.g. development of life-cycle communities). |
| ***Principle of agency and planfulness:*** "life course theory recognizes that individuals are active agents in the construction of their lives. They make choices within the opportunities and constraints provided by family background, stage in life course, structural arrangements and historical | Aging boomers will be among the best-educated and politically active cohorts ever. Planners should fully engage the boomers' expertise and knowledge to ensure solutions are appropriate and effective. |

| | |
|---|---|
| conditions" (Bengston, Elder and Putney, 2005, p. 494).<br><br>**Example:** the career choices available to certain cohorts at various times in history | |
| ***Principle that aging and human development are life-long processes:*** "relationships, events and behaviours of earlier life stages have consequences for later life stages" (Bengston, Elder and Putney, 2005, p. 494).<br><br>**Example:** greater affirmation of a generation of children may lead to higher self-esteem in adulthood. | Most boomers have come of age in suburbia both during childhood and later in their adult years. As these cohorts age, planners must bear this history in mind and ensure that the housing options they develop have desirable aspects (e.g. privacy, less noise) to which this generation can relate. However, encouraging social engagement and social mix will also be important design considerations. |

**vii)    Structural Perspectives on Aging:**  theories and perspectives such as those reviewed above mainly focus on the aging individual.  Since the 1970s, another stream of perspectives has explored the place of older adults in society and the pressures placed upon them by social structure, attitudes and conventions. Often referred to under the general rubric of 'critical gerontology' (Estes, 2007; Phillipson, 1998; Moody, 2007), these approaches attempt to understand the "character and significance of variations in the treatment of the aged, and to relate these to polity, economy and society" (Estes, 1986, p.121). The focus of the political economy perspective, for example, is on the relationship between aging and exogenous factors such as economics, social policy, social class and gender and how these factors affect the status and place of seniors in society (Phillipson, 2005). Particularly important is the concept of ageism and the elderly often being construed as 'other' in Western societies. In certain cultures (e.g. East Asian) historically, there has been a greater degree of reciprocity and respect present in intergenerational relationships (see Sung, 2000). Despite these often pronounced differences, however, recent findings indicate that some universal beliefs about taking care of the elderly are also present across cultures but are influenced by government policies (Johnson, 2005).

Glenda Laws (1993) observed that age relations are socially constructed and that "the resultant built environments of aging occur both by design and default" which, she argues, means the "built environment is simultaneously a cause and an effect of ageist attitudes" (Laws, 1993, p.672). More recently, McHugh (2003) has explored the 'retirement industry' in the United States, arguing that "relationships between older people and the spaces and places they inhabit

illuminate deeply-ingrained societal attitudes and values" (McHugh, 2003, p.165). The relevance of these approaches for urban planners is to prompt them to think critically about societal attitudes (as well as their own) towards older adults.  As planners become more engaged in helping create age-friendly cities designed for Baby Boomers, they will have to re-examine the interaction between ageist attitudes and the built environment. Both planners and gerontologists will need to be leaders in demonstrating how to move beyond stereotypical (ageist) views of the elderly, particularly in urban design and encouraging interaction between the generations.

### 2.3.2   Conclusion

Planners seem to have moved away from a pressing concern with social issues and matters of social engagement, not only with respect to the elderly but in a more general sense as well. During the 1960s, with the rise of Davidoff's (1965) advocacy planning and later with the onset of equity planning (see Krumholz, 1994), the focus of the academy and practice was on returning "planning to a more progressive path of both promoting the larger public interest and directly addressing urban inequalities" (Campbell and Fainstein, 2003). Since then, planners have followed a very different course, perhaps the most notable of which has been the communicative turn in the 1990s which cast the planner into the role of 'facilitator.'

While evidence of concern among planners for the disadvantaged (particularly the low income elderly) was certainly found during the dissertation research, this agenda seems to be a secondary one at best.  As shall be discussed later, as societal aging progresses, planners will need to broaden their work to include the broader social planning issues such as:  how to encourage mixed development and interaction between the generations; how to design (with gerontologists) neighbourhoods which encourage engagement in civil society;  and how to ensure that lower income elderly are accommodated. The greater issue relates to how planners have dealt with the notion of social difference or indeed, to what extent they should. While this is a complicated issue where exceptions in one form or another will always present themselves, the argument to be put forward is that planners will need to deal with those differences or life stages which are common to all. Here a good deal of congruency and applicability is to be found

between the life course perspective and planning. Just as the life course perspective outlines common developmental stages all of us experience (childhood, adolescence, adulthood, older adulthood), so will planning also need to consider these particular stages and their interaction with urban design.

## 2.4    SENIORS' HOUSING

### 2.4.1    Housing For Seniors: a Brief Overview

While Chapter 2 thus far has dealt with the applicability of theory in gerontology to the field of planning for age-friendly cities, the following section will examine seniors' housing and related issues in order to assess what planning can learn from this applied area of gerontology.

Much attention has been devoted to housing the elderly in Canada, the United States and the countries of Western Europe since the end of WW II and a great deal of development both public and private has occurred during this period (Mangum, 1994; Carp, 1976). In the U.S., the federal government became involved in (low income) seniors' housing with the *Federal Housing Act* of 1956 (Robbins, 1971) and in Canada, the 1944 revisions to the *National Housing Act* and the formation of the Central (now Canada) Mortgage and Housing Corporation influenced policy in this area. Considering that after 2011 when the first wave of the boomers begin to reach 65, all communities in North America will experience significant increases in their population of older adults, the issue of how and where to house seniors will continue to be an important one. Hodge (2008) puts the issue succinctly when he asks "What difference will this increase in seniors' numbers make to the communities in which they live and function? And will communities be prepared to offer environments that enable seniors to achieve independence?" (Hodge, 2008, p.191).  The options for seniors' housing which are available in the private and public sectors (and the issues associated with them) are examined in the following sections.

### 2.4.2   Aging-in-place in the Community

Aging-in-place is a term which has become part of the lexicon in gerontology and social geography since the 1980s and refers to seniors remaining in their own home or to remaining in the same community but in a different home(s) as individual needs change in conjunction with aging/life-cycle transition (Rosenberg and Everitt, 2001). For approximately 90% of seniors, the most common form of housing is staying in their own home with special adaptations when required (e.g. in bathrooms- grab bars in showers, bathtubs; wheelchair access, etc.),   (Health Canada, 2002).

**Figure 2.1:      Factors in Community Independence**

*Housing*

*Transportation*                                              *Community Support*
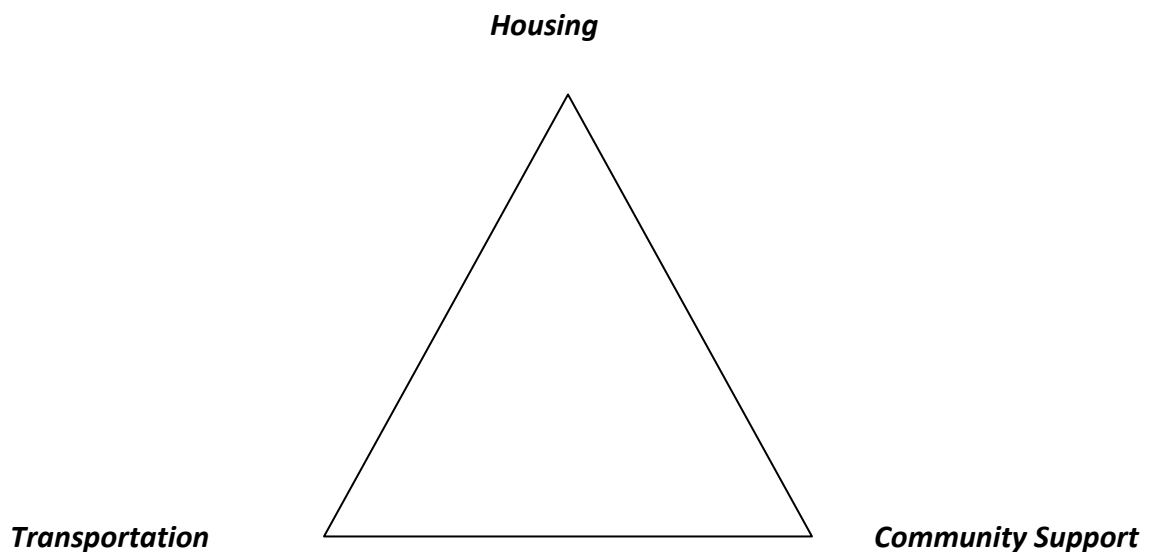
**Source:          Hodge, 2008, p.208**

Independence among seniors depends on many factors, including health status, income, safety, housing, transportation and community support (Golant, 1992; Rowles, 1978; McPherson and Wister, 2008; Hodge, 2008); delivery of externally-provided services to the home (e.g. meals-on-wheels, friendly visiting, home care) is also often an important part of this equation.

Figure 2.1 is taken from the planner Gerald Hodge (2008). As such, it can be said to represent important aspects of the professional planner's perspective on providing community care.

Hodge (2008) argues that the paradigm identifies the key elements required in any community setting if it is to enable seniors to maintain independence:

"This is a paradigm that is both universal in its application to all types of communities and practical in its identification of the key community elements, and their interconnections, that are essential to consider in regard to seniors' well-being. It starts by saying that housing, transportation and community support are each important elements, but it goes beyond this to emphasize that each element is connected to the others…The basic relationships captured by this paradigm will be as relevant tomorrow as they are today. The outcomes may differ with the future innovations in housing, transportation, or support, but the fundamental categories will not" (Hodge, 2008, p.207).

For the planner, these elements, as explored in future sections, must be carefully considered when designing age-friendly urban form.  For example, when assessing the potential location of seniors' housing, transportation must be carefully considered. Newbold *et al* (2004) recently found that while older Canadians travel less frequently and  for different reasons than their working age counterparts, their reliance on the automobile does not seem significantly different (Newbold *et al*, 2003). Planners must appreciate that seniors require effective transportation not only for the necessities of life such as shopping for groceries, but also to socialize, volunteer and visit. Research suggests that mobility among older adults is important and that the cessation of driving has significant personal effects, including loss of social contacts and a decline in maintaining quality of life (Marrattoli *et al*, 2000; Flaherty, 2003). Laws (1993) makes a similar point as did some social advocates interviewed during the dissertation research: that ageist attitudes and the built environment conspire to simultaneously become both cause and effect. For example, many frail elderly living in auto-dependent suburbs will be prevented from driving at some point due to functional disability. As these individuals have increasingly more difficulty managing with activities of daily living such as shopping, access to health care and visiting friends and family, eventually, they will become 'prisoners of space' to use Rowles (1978) term. In turn, they become more isolated and excluded which leads to further infirmity and more ageist attitudes on the part of those with whom they interact.

Just as transportation is important in helping maintain independence and quality of life among seniors, so too is the provision of both formal (in-home health care; seniors' day care, recreation programs) and informal supports (family, friends, neighbours). Planners should be

aware that such services should be readily available and holistic (National Advisory Council on Aging, 2004). Moreover, as suggested by the model in Figure 2.4, all of these services (appropriate housing, transportation and community support) must work together to support the seniors who have chosen to age-in-place, a concept which is integral to creating age-friendly form.
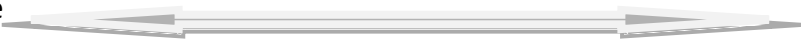
### 2.4.3   Other Seniors' Housing Alternatives

Haldemann and Wister (1993) propose a schema which classifies seniors' housing into three parts. The first is referred to as 'institutionalization and purpose-built housing.'  Examples are long-term care facilities and other residential or personal care homes. These facilities house a small subset of the population, approximately 5.7% in Canada (Statistics Canada, 2006) and also operate on lean budgets. However, since this vulnerable group often has a myriad of health problems and diminished mobility, it is important to note the disconnect that exists with regard to the establishment of special-purpose facilities for the elderly in low (if not the lowest) cost locations which means that most often they are situated away from an existing bundle of supportive services (places of worship, medical centres, recreational facilities) as well as away from existing communities of seniors (Haldemann and Wister, 1993).

A second category of senior household locational choices proposed by Haldemann and Wister (1994) is referred to as housing alternatives and maximization of choice. Here it is recognized that seniors are a heterogeneous group with many preferences and needs, affected in large part by health and income status. Several types of seniors' housing are included in this category, including Continuing Care Retirement Communities with multiple levels of care; retirement communities in areas of high amenity value such as the sunbelt in Southwestern United States or the Okanagan Valley and Vancouver Island in Canada; and multi-level seniors' facilities near the core (or bundles of services) in cities (Haldemann and Wister, 1993).

The third category of housing described by Haldemann and Wister (1993) is aging-in-place in the community, which was discussed in the previous section. Table 2.4 outlines a continuum of seniors' housing showing some of the options described by Haldemann and Wister (1994) and where they fit on the independence/dependence continuum.

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**Table 2.4:     Continuum of Seniors' Housing**

Least supportive ⟵⟶ Most Supportive

| Healthy Seniors Aging-in-place | Independent Seniors Needing Support | Functionally Disabled Seniors |
|---|---|---|
| ➢ Conventional Housing (apartments; condos; houses)<br>➢ Retirement Villages for active older adults<br>➢ Mobile home parks<br>➢ Home-sharing<br>➢ Co-housing<br><br>*Supports may include homecare services; community-based wellness programs; provision of help with snow-shovelling, jitney transport; and friendly visiting to reduce isolation.* | ➢ Supportive housing<br>➢ Assisted living/retirement housing<br>➢ Life lease housing<br>➢ Continuing Care Retirement Communities<br>➢ Abbeyfield Housing[7] | ➢ Special care units (often in assisted living facilities)<br>➢ Rehabilitation facilities<br>➢ Long-term care facilities (nursing homes) |

**Sources: Partially Adapted from Hodge, 2008, p.213; Mangum, 1982, p.197.**

### 2.4.4   The Themes of Inclusion/Exclusion and Integration/Segregation

The themes of inclusion/exclusion and integration/segregation among the elderly are inextricably linked to the discussion of seniors' housing. The notion that the elderly are isolated, marginalized and socially excluded is one which has a rich history in the literature. Scholars such as Rowles (1978), for example, in documenting the case histories of urbanized older adults and their social networks, coined the term 'prisoners of space,' which referred to the often shrinking world experienced by the elderly. While not all older adults become prisoners of space, social inclusion among the elderly is a significant issue for many reasons.  First, the literature indicates that exclusion among older adults, related to ageism and marginalization, has significant impact at the societal and individual levels. A crucial finding from gerontology holds that ageist attitudes and social exclusion reinforce structural inequalities (Thornton, 2002;

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[7] Abbeyfield homes, originating in the United Kingdom, is a housing model which provides supportive housing for small groups of seniors (normally 8-12).

Tornstam, 1992) and may even potentially influence government resource allocation decisions (Gartska *et al.,* 2005). On the individual level, social exclusion has been shown to negatively affect many aspects of health (Rowe and Kahn, 1998; WHO, 2003) while, on the other hand, "Social inclusion is one of the most robust indicators of health among older people and a key determinant of active aging" (New York Academy of Medicine, 2009, p.2). These findings are very relevant to planners engaged in designing age-friendly communities and they take on even greater significance when additional factors (beyond age) such as ethnicity, poverty and gender exacerbate the negative effects brought on by exclusion and marginalization. The practical implication of this research is to ask whether planners work with their counterparts in health and social services to ensure the design alternatives developed will enable older adults to remain engaged and integrated into their communities. One can design communities that predispose people to either lock their doors or to engage with one another. The challenge in the future will be for planners to work with community leaders, gerontologists and others to help create communities of the latter type: that is, well-designed communities that encourage engagement and help prevent social isolation.

Victimization of older adults and their fear of crime is also an important consideration in a discussion dealing with inclusion/exclusion. Patterns of victimization are to some extent determined by immediate environment (i.e. neighbourhood and community) and lifestyle factors but seniors are also the victims of fraud which can be perpetrated through the mail, internet and door-to-door (McPherson and Wister, 2008). There seem to be two elements as regards crime and victimization of older adults, both the actual incidence of crime and the perception of fear that these incidents engender. As shall be seen from the discussion below on gated communities, these perceptions can often be important forces which determine both type of neighbourhood chosen by seniors and the extent to which they wish to be segregated.

Another theme of interest to gerontologists and planners concerns the question of whether seniors should be integrated or segregated. Age segregation versus age-integration has occupied a prominent place in gerontology for some time and has been studied on various levels ranging from national to building-specific (see Cowgill and Holmes, 1974; Rosow, 1967;

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Warnes, 1994). While years ago, Mumford (1956) argued that retirement villages for seniors were socially unnatural and should be avoided, they have since become an important part of the housing spectrum. The development of retirement villages (often containing various levels of care) in post-WW II U.S. brought the issue of age-segregation to a new level. During the 1960s, as retirement villages such as Leisure World, Laguna Hills, California, were developed, investigators such as Peterson and Larson (1966) were exploring the reasons why older adults would voluntary choose to live in an age-segregated community.

In more recent years, the issue of age-segregation has also been discussed in the context of gated communities specifically designed for the older adult. Gated Communities (GCs), including but not limited to those designed for seniors, have emerged and proliferated in the United States, Britain, Canada and other countries over the past decade (Grant, 2005). They are usually housing developments with private roads closed to general traffic by a gate across the main access. Often, there is a fence, wall or barrier erected round them as well (Grant and Mittelstaedt, 2004). Blakely and Snyder (1997) developed a typology of gated communities which describes three main types. The first type is referred to as 'life-style' communities. These communities emphasize common amenities and recreational features such as golf-courses or marinas. Second, is the 'prestige' development which focus on exclusivity and finally, the 'security-zone' where focus is on controlling access for reasons (real or perceived) relating to fear (Blakely and Snyder, 1997). Retirement villages, or Continuing Care Retirement Communities (CCRCs) as they are often called, can have elements of all three types of gated communities described by Blakely and Snyder (1997). The literature dealing with gated communities has focused on the difficulties this sort of segregation implies. For example, residents of these developments, often among society's more affluent, can avoid getting involved with solving societal problems and may even resist civic duties beyond their own community (Grant and Mittelstaedt, 2004).

Segregation of seniors, voluntary or involuntary, whether in a gated community or in suburbs away from the amenities and other advantages of the downtown core, has not been without controversy. Both in the literature (see Butler, 1975; Mangum, 1988; Laws, 1993) and in this

dissertation the issue evokes strong reactions. In any case, while segregated communities for older adults will undoubtedly continue to be included in the options available, it is choice and variety of alternatives fitting different lifestyles and income levels that is perhaps most relevant (Lawton and Hoover, 1981).

### 2.4.5 Elderly Migration and Relocation

Elderly migration refers to "a move across jurisdictional boundaries to another country, province or country, either seasonally or permanently" (McPherson and Wister, 2008). In the course of the past two decades, many aspects of elderly migration patterns and residential location of the 45-65 year old group have been examined. Several models have been developed which attempt to explain/predict the decision-making process. Wisemans' (1980) process model delineated various factors he referred to as 'push' and 'pull.' The process usually begins with a triggering mechanism related to an older adults' life cycle (e.g. grown children leaving the home). These triggering mechanisms can be subdivided into push factors (a spouse dying) and pull factors (an attractive community where friends have relocated). Type of move (permanent or seasonal) and destination selection follow, which leads to the final outcome (Wiseman, 1980).

Litwak and Longino (1987) developed a framework which argued that residential relocation choice in developed countries has three components and is related to the life-cycle. The first move involves healthy retirees moving to areas with desirable amenities and friendship networks. The second move (usually to be closer to an adult child or other supportive family member) occurs when frailty sets in and the third move (to a long-term care facility) happens when impairment becomes so debilitating that institutionalization is the necessary option from a safety point of view (Litwak and Longino, 1987).

The impact of state incentives on elderly migration decisions has also been studied. For example, in the U.S., the states of Florida and Arizona have become adept at offering a combination of tax incentives and service/amenities directed specifically at seniors. This has led to research being directed at understanding the effect of these incentives (Reeder, 1998; Stallman and Siegel, 1995) and their impact on government services when the retirees settle in

significant numbers in a region (Longino and Crown, 1990; Stallman *et al*, 1999). In Canada, the areas with the greatest in-migration of older adults seem to be Vancouver Island, the Okanagan Valley and some communities in Niagara Region (Statistics Canada, 2006).

### 2.4.6   The Nature of Non Age-Friendly Cities

Given the demographics of an aging society reviewed in Chapter 1, alongside the theories of aging and other important dimensions such as integration/segregation, an important question remains regarding the age-friendly city. Since it can be effectively argued that age-friendly cities do not yet exist and since one of the main objectives of this dissertation is to define the nature of age-friendly cities in later chapters, the immediate and relevant question becomes "what is the nature of a non-age-friendly city?" The notion that so little is known at this point about the macro-aspects of creating an age-friendly city speaks to the need for this and related research. Generally, however, it seems that non-age-friendly form, with some exceptions, is consistent with the manner in which most North American cities have been built. Specifically, some of the major aspects of non-age-friendly cities are as follows:

- ➤ **Transportation and access to services:** the current non-age friendly design of North American cities create barriers for the elderly when they require transportation for access to health and social services, shopping for the necessities of life, socialization and a myriad of other reasons. Since access and transportation are seen as key to independence (Cvitkovich and Wister, 2001b; Rosenberg and Everitt, 2001), this aspect of current urban form remains very problematic.

- ➤ **Single-use Suburbs:** despite wide-spread evidence that low-density, auto-dependent, greenfield suburban development is an unsustainable urban form with a myriad of negative externalities associated with it, the practice of building large-scale single-purpose use communities continues in most North American cities. Howe (2001) describes the difficulties posed by this kind of development when suburban residents age:

  > "In the 1970s and earlier, the highest concentration of older people could be found in inner-city neighbourhoods. This is not surprising given that younger

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people were settling in the suburbs. Now, residents who moved to the suburbs as young adults in 1950s and 1960s are aging. The proportion of the population aged 75 and above (the age at which frailty begins to increase) is correlated with when the suburbs were settled, declining with distance from the city. These more distant communities will also experience the 'rolling wave of frail elderly' in the relatively near future (Howe, 2001, p.8)."

The fundamental problem set out above by Howe (2001) is that suburbs are not friendly places in which to grow old. Once decreased mobility and frailty cause suburban residents to lose the ability to drive, then they must rely on home-care services, meals-on-wheels programs and other supports. If a move to a more age-friendly environment becomes necessary versus aging-in-place in a neighbourhood where many may have spent a significant part of their lives, then this also means that long-term relationships with neighbours and friends in the community would be disrupted[8].

➤ **Exclusionary Zoning:**  related to the development of the prevalent spatial form of age and income segregated suburban housing is exclusionary zoning which has become another obstacle in developing viable options for an aging society (Howe, 2001; Ball, 2001). [9] Exclusionary zoning, to a great extent, has resulted in urban environments where people live, work, shop and engage in recreation in different areas of the city. As one ages, energy loss and frailty inevitably set in, making it more difficult to travel between these important locations. This sort of environment is the opposite of an age-friendly 'urban village' development where mixed land use zoning allows residents to live and work in one place.

➤ **Housing options for the elderly are limited:**  appropriate, age-friendly housing for different income levels among seniors is in limited supply in North American cities. While more affluent seniors have greater choice (often opting for gated or seniors-only facilities), the options for lower income older adults are much more limited.

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[8] It should be noted that moves (whether voluntary or due to a health crisis) to more age-friendly environments as retirement communities or long term care facilities often mean waiting lists.
[9] The genesis of exclusionary zoning practices in North America was the legal precedent set in the 1926 Euclid, Ohio vs. Ambler Realty case. The Euclid precedent combined with post WW II suburbanization have severely altered the spatial aspect of North America's cities (see Benfield, Raimi and Chen, 1999; Downs, 1992).

Segregation/integration again becomes an issue since there are very few options for seniors which are designed to enable aging-in-place for the entire life course, and which allow relationships and other forms of social equity to remain intact.

The main aspects of non-age-friendly urban form set out above are important themes which present significant but not insurmountable challenges for an aging society. These spatial dimensions have taken decades to develop; therefore, ameliorating their effects and changing direction will also take time. In the sections that follow, these themes will be elaborated upon and set in the context of the primary findings, with the intent of setting the course for more age-friendly urban form in future.

## 2.5    Conclusion

The overall intent of this Chapter was essentially to assess how well theories of aging and knowledge in the area of aging and the environment might apply to the real world of planning age-friendly urban environments for the elderly. Another question explored was what can planners learn from gerontology? These questions are particularly relevant given the aging of the baby boomer cohorts in future decades.  An overview as to the current availability of various types of seniors' housing as well as important issues such as integration/segregation and elderly migration has also been presented. Given this short and very selective summary of the literature, several conclusions are particularly noteworthy and of relevance later in the dissertation:

- ➢ While the earlier theories of aging (e.g. Activity Theory, Disengagement Theory, Continuity Theory) all offer particular insights and concepts which planners will undoubtedly find useful, from the practicing planner's point of view, it seems these theories are more explanatory and general than they are specific. As a result, their practical applicability in helping planners design age-friendly urban form becomes somewhat limited;

- ➢ Lawton and Nahemow's (1973) Person-Environment Model and its subsequent iterations also contain many concepts which are helpful to planners charged with designing environments for older adults. In fact, as Kendig (2003) indicates, the

'substantive origins' of Person-Environment Theory are in the architecture and planning professions, thus these fields have enjoyed a strong common history, especially during the 1960s (Kendig, 2003, p.613). The work of Cvitkovich and Wister's (2001a) updated P-E Model is particularly helpful to planners as they learn more about the physical aspects of urban form, particularly at the neighbourhood and community levels. As well, understanding the life course perspective and appreciating the importance of social support among the elderly population will also (hopefully) encourage design which both considers and enhances engagement among neighbourhood residents;

➤ Kendig (2003), in assessing the current state of environmental gerontology, observes that environmental gerontology tends to "focus heavily on individuals and microenvironments" (e.g. the home) and while this is important, macroenvironments such as "neighbourhoods, cities, regions and other spatial units" must also be considered since they too "are changing in their populations and built forms (e.g. aging of baby boomers in post-war suburbs)" (Kendig, 2003, p. 613). The important point is that environmental gerontology should again join forces with the planning profession to explore the applicability of P-E theory, not exclusively in the home environment but also in neighbourhoods, transit systems, and the areas of pedestrianism/walkability and convertability/adaptive re-use of housing;

➤ A key issue with which planners will have to grapple is the conundrum presented by age segregation implied by special-purpose (e.g. retirement communities) on the one hand and the notion of age-integration on the other. As demographic factors converge in the years ahead, among the major tools contained in the planner's arsenal to deal with the rising numbers of elderly in urban areas will be increasing the type and number of special-purpose communities such as retirement complexes, while concomitantly helping create age-friendly neighbourhoods which integrate older adults with other age-groups. This strategy will produce challenges. Age-segregated communities might only be appropriate for a small proportion of the older adult population and, depending on where they are to be located, will also raise NIMBY concerns among residents of

established neighbourhoods.[10] There also remains the outstanding question of exclusion and segregation. On the other hand, age-integration implied by creating more diverse neighbourhoods where older adults live with young families and middle-aged residents also has its challenges.[11] Therefore, planners will have to think carefully about the segregation/integration continuum in the creation of age-friendly cities;

➢ The gerontology literature also indicates that exclusion, stigmatization and marginalization of the elderly results in negative externalities for both society and the individual. Urban design can be a powerful influence which either helps people (including older adults) engage with one another or it can contribute to exclusion.

Perhaps most importantly, the life-course perspective in gerontology has many lessons for planners since it places older adulthood in its proper context: that is, it represents one stage of many inter-related developmental life stages. The relevant learning for planners (and developers) from this perspective is that they need to consider designing for the young and the old and, in this way, communities will become more inclusive of all groups , a point which shall be elaborated upon later in this dissertation.

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[10] As an example, it is estimated that there are 2,240 Continuing Care Retirement Communities operating in the United States and that they house approximately 3.6 million people (AAHSA, 2006). Further, estimates indicate that approximately 5% of the U.S. population currently lives in a retirement community of some type (Strieb, 2002).

[11] Emily Talen (2006) in *Design That Enables Diversity: The Complications of a Planning Ideal* reviews the literature on place diversity and the challenges with which it is associated. Talen concludes that "promotion of place diversity requires focused effort on the part of planners and that design-based strategies are an appropriate part of that effort" (Talen, 2006, p.233).

**CHAPTER 3:  THE PLANNING PERSPECTIVE: FROM THE MID-20$^{TH}$ TO THE 21$^{ST}$ CENTURY**

## 3.1     Introduction

While Chapter 2 reviewed applicable knowledge from gerontology which might be useful in planning age-friendly urban form, Chapter 3 examines the field of professional planning to determine its role and potential contributions to the needs of a special group in the population such as senior citizens. Historic 20$^{th}$ century roots of the planning profession are particularly important here since we have seen that a 'non age-friendly' community can be equated with the single-use urban form that professional planners (albeit unknowingly) started to deliver in the 1950s. Understanding this kind of land use/transportation dynamic requires exploring historical antecedents through the past several decades, so opening up discussion to consider how professional planning embraces change. As shall be seen, change will be required both in the academy and in planning practice if an appropriate response to the current wave of aging demographics is to be brought forward. However, there remains much uncertainty as to how/whether that change can be delivered.

This chapter begins by comparing planners' 20$^{th}$ century response to massive social change to the so-called 'baby boom' that came at mid-century and later, to the multiculturalism that we recognized in the mid-1980s. The point to be made here is that two very different kinds of response can be witnessed, the first embracing demographic change and the second effectively ignoring it. Planners' reactions to these two phenomena differ so dramatically as to warrant examining them in order to better assess contemporary planning's reaction to societal aging and to the challenge that age-friendly urban form presents. Planning's apparent ignorance of growing immigrant populations with cultures and backgrounds very different from those of the host country raise profound questions about the nature of the profession and about its role as regards service to a resident, 'client' population.  The huge difference in planners' treatment of the 'baby boom' families as compared to later immigrant households, needs also to be deciphered.

The main body of this chapter deals with the challenge of defining planning theory from its post WW II origins through various subsequent iterations. Accordingly, this includes review of past

planning principles that might help shed light on how planners today can/should be expected to respond to the contemporary anticipated wave of aging population. As we shall see, it may be that paradigm shift -- from the comprehensive land use-based principles adhered to decades ago, to the more process-oriented, communicative turn, popular since the 1970s -- will also explain the apparent contradiction that marks planners' response first to the baby boom and later to multiculturalism. The review presented here considers the rise of rationalism and the modernist project alongside the shift from form to process. Various schools of planning theory and their critiques are reviewed and the implications of the shift away from comprehensive planning discussed. Of particular relevance will be the theme that single-use suburban form became the predominant paradigm with the white, middle-class, nuclear family as its focus post-WW II. This 'suburban' remains the dominant environment for the majority of today's seniors who ironically represent for the most part the first generation of Canadians who were literally 'born into' the suburbs. During the 1950s, inclusivity, in the sense of planning for groups other than the intact nuclear family, became the exception rather than the rule. Today, as demographic changes become more pronounced and bring more force to bear on this continuing planning legacy, planners will find it increasingly difficult not to confront 'special-interest groups' (such as seniors) rather than, as in the past, side-stepping 'special' needs or responding to them only in an un-planned, ad hoc and reactionary fashion.

## 3.2    PLANNING IN THE FACE OF MAJOR DEMOGRAPHIC SHIFTS: FROM THE 'BABY BOOM' TO MULTICULTURALISM

It is indeed ironic that a couple of generations past the baby boom, it is the anticipated needs of the aging of this very 'baby boom' generation that drives this dissertation. As Hodge and Gordon (2000) put it, this demographic bulge "continues to add new dimensions to community planning as it contributes to a surging seniors' population" (Hodge and Gordon, 2008, p.111). Since the question as to how planners have (or have not) embraced large-scale societal change, is central to this thesis, this chapter begins with a review of how planning has responded in the past when confronted with significant demographic change. Over the last half century, since professional planning was first recognized in the 1950s, there have been two major waves of

demographic change: first, in the 1950s is the so-called 'baby boom' (the very cohort that now challenges planners to think seriously about 'age-friendly' communities), then, near the end of the twentieth century, change comes in the form of multiculturalism which represents  change not just in the locus of growth – off-shore immigration as opposed to natural increase - but also in the ethnic/cultural/ racial origin of the population. Both of these changes are outlined briefly below, alongside the professional planning response.

### 3.2.1   The Baby-boom Period

From the perspective of this dissertation, it is important to review the post-war years since it was during this era that planners unthinkingly created the non age-friendly form still prevalent in so many of North America's cities.  During the 1950s in particular, several factors conspired to create the conditions which led to an urban spatial form essentially designed for the nuclear family and the automobile. Above all, explosive demographic growth was at work due to: migration from rural to urban areas (which had begun pre-war but accelerated during and after); immigration from abroad; and, most of all, explosive population growth due to the post war 'baby boom.' The 'boom' cohort had a dramatic effect on community planning as demand for schools, playgrounds, colleges and universities reverberated through the years (Hodge and Gordon, 2008; Hayden, 2000). Economic forces were another significant factor since the depression and war years caused pent-up demand for housing and other goods and, on the supply side, factories were eager to convert from a war-time production cycle to consumer-oriented, domestic expansion (Hodge and Gordon, 2008; Thomas, 1998). Another force, mass automobile use, also brought about significant and lasting change (Hayden, 2000; Duany, Plater-Zyberk and Speck, 2000; Fishman, 2000; Kunstler, 1993; Savitch, 2003). Other factors that accelerated the first construction of a 'new' urban, (i.e. suburban) landscape have already been mentioned or alluded to.  These include: Keynesian economics and state intervention, unprecedented affluence, a modern society with a forward-thinking optimistic vision but with a traditional, gendered division of labour.

It is in the decades following WW II that the antecedents of current demographics can be found. Using Canada as the example, from 1914 through 1939, the average number of births

per year varied from 244,000 in the prosperous 1920's to a low of 236,000 during the Great
Depression years (Statistics Canada, 2002). The years 1940-1945 saw an increase of births per
year to 280,000. However, the demographic impact of the Baby Boom only becomes evident
when the number of births per year during the two decades following WW II is examined. From
1946 through 1965, the number of average births per year was 426,000, an 80% increase from
the depression years (Statistics Canada, 2002). Hodge (2008) indicates that these two ten-year
cohorts comprise the baby boom and "represented a dramatic shift in birth and fertility rates
that lasted a fifth of a century" (Hodge, 2008, p.171).

The decades after the war were expansionist in nature and there was an appetite for large scale
reconstruction such as the building of British New Towns, rebuilding of cities in Western Europe
and large-scale comprehensive plans in Canada (Dear and Laws, 1986; Sewell, 1993; Wolfe,
2008). In the U.S., this period saw the enactment of the G.I. Bill, establishment of the Federal
Housing Administration and the Department of Housing and Urban Development (H.U.D.), and
passage of legislation creating the interstate highway system (Hayden, 2000; Fishman, 2000).
With federal subsidies and mortgage insurance for purchasing single family housing in place,
buying a *new* suburban house was reduced to something close to the cost of renting (Savitch,
2003). Savitch (2003) indicates that all of the above "paved the way for standardized new home
construction. Driven by forces of high demand and robust economic conditions, suburban
housing could be erected with assembly line techniques and division of labour. Farmland could
be cheaply bought, subdivided and covered with 'Levittowns' spread across the landscape"
(Savitch, 2003, p. 596). Thus, the U.S. planning response to the demand for post-war housing
was an extensive mandate for government intervention in the development industry (Dear and
Laws, 1986) and ultimately, extensive low density suburbs as the predominant spatial form
(Hayden, 2000; Thomas, 1998).

While the early days of suburbanization in Canada have not been as heavily researched as those
in the US, we do know that the process was essentially the same in this country albeit more
heavily reliant on state support and planned interventions. In Canada, the Don Mills suburban

development north east of the City of Toronto developed by E.P. Taylor also became a model later copied extensively (Sewell, 1993; Wolfe, 1994).

Some might go so far as to argue that planners provided the 'bricks and mortar' that served to underscore the distinctiveness of the baby boom demographic. Carefully nested as this generation was in their distinctive, suburban environment, one might argue that planners gave the 'boomers' their unique image.  It must be remembered too that a number of other contextual dynamics converged during this era and that urban planning in the 1950s was a newly recognized profession and planners, for good or ill, did not seem to lack vision at this time.

Thus, in both Canada and the U.S. during the post-WW II years, the influences and dynamics mentioned above conspired with demographic change (i.e. the baby boom; immigration; the growth of nuclear families); economic change (economic boom times and suburban-based industrialism) and changes in transportation (mass automobility)- all of which seemed to demand a new land use model. Planners responded by putting forward a model (single-use, auto-dependent suburban form) and it was backed up with infrastructure (new/better roads and freeways), exclusionary zoning and government mortgage policies (i.e. CMHC in Canada; HUD in the U.S.). Interestingly, however, it became entrepreneur/developers such as William Levitt in the U.S. and E.P. Taylor in Canada who saw the potential demand for the model and began popularizing it. Either way, a confluence of factors determined how planning theory embraced the baby boom. As we shall see, planning theory and practice (along with public policy) were much influenced by systems theory in the post-WW II era (Friedmann, 1987; Wolfe, 1994; Grant, 2008). Hence, the assembly line-like techniques used for building new homes and sub-divisions employed by developers and encouraged by government resonated with the ideology of the era. Combined with unprecedented housing demand that was fuelled by the demographics of the baby boom, the result was the spatial pattern of suburbanization which continues to present day.

### 3.2.2  Multiculturalism

Multiculturalism is another dynamic which has brought about significant societal change in recent decades and has also underscored the inability/indifference of the planning profession's response to such change. From the 1970s onwards, Canadian immigration and urban settlement can be characterized as having three major aspects. Hoernig (2006) describes these as "population growth, concentration (settlement) and ethnic diversity" (Hoernig, 2006). Since Canada is a country with a low fertility rate, immigration has become an important factor which now accounts for approximately fifty per cent of current population growth (Statistics Canada, 2003). The number of immigrants to Canada has increased substantially since the 1970s and their point of origin has also changed. For example, from 1971 through 2001, immigration increased from approximately one million per decade to nearly two million in the 1990s (Statistics Canada, 2003; Hodge, 2008). Point of origin of current immigrants also differs markedly from those who came to Canada in the post-WW II period. While earlier immigrants were from European countries, during the 1991-2001 period, only 20% originated in Europe and the remainder were from Asia, Africa, the Caribbean and South America (Hodge, 2008). This shift in place of origin has resulted in an increase in the proportion of the Canadian population which comprises a visible minority.[12] Finally, immigration has been unevenly distributed across Canada, with Montreal, Toronto and Vancouver experiencing the highest growth in immigrants (Statistics Canada, 2003).

The social impacts of ethno-racial diversity from increased immigration, particularly in cities such as Montreal, Toronto, and Vancouver, have altered the urban fabric. The multicultural make up of these cities have brought many changes, including new cultures, distinctive neighbourhoods and unique places of worship. The societal response to these changes has been a complex and conflicting one ranging from increased tolerance and cosmopolitanism to intolerance and prejudicial attitudes. What is most relevant to this dissertation, however, is to reconsider planning's response to these societal dynamics.

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[12] For a more complete analysis of the population dynamics described above, see Appendix 1.

In comparison to the 1950's growth generated by the baby boom, planners' response to multiculturalism would seem to have been one of silence/indifference. Certainly no new model of the urban entity, re-designed to be more appealing to a multi-national population, has been forthcoming. It is hard, indeed, to explain the apparent indifference on the part of the planning profession to such a major change, particularly given its role as a driver of urban growth. Some critics have actually seen the lack of response as discriminatory. More likely reasons put forward later in this thesis entail disempowerment and strict adherence to the concept of the neutrality of land use. Either way there have been notable critics of this position on the part of the professional planner.

In reaction to the profession's apparent indifference to multiculturalism, academic Mohamad Quadeer has argued that a multicultural environment implies "more than societal tolerance of those with different beliefs, behaviours and lifestyles. It is a vision of a nation-state and society in which different cultural groups and communities coexist as equals, entitled to their ways of life in private realms but bound to common institutions in the public sphere" (Quadeer, 2000, p.172). Further, in the realm of urban planning, multiculturalism means "creating urban forms, functions and services that promote a plurality of lifestyles and sustain diverse ways of satisfying common needs;" this, in turn, implies a new social contract (Quadeer, 2000, p. 173). In Figure 3.1, Quadeer (1997) indicates the planning responses to multicultural groups that might occur during their involvement in the planning process. In this 'ladder of planning principles supporting multiculturalism, responses vary from facilitation in level one to influencing strategy for an entire city or region.

In this same vein, it has been argued by Thomas and Krishnarayan (1994) that public policies such as those found in planning may well foster insensitivity to the unique need of diverse populations (Thomas and Krishnarayan, 1994). It is in land use planning particularly that conflicts may arise, raising the issue of whether planning should be based on use and function or on people's unique needs (Quadeer, 2000).

Population aging in North America will usher in an era of social change made even more complex by multiculturalism, and planning practice (and theory) will need to respond. As

regards aging per se for example, multiculturalism means that the aging population will become more diverse, reflecting immigration practices of past decades. In the U.S., projections indicate that by 2050, the demographic composition of seniors will grow among all ethnic groups; for example, the Latino population is projected to grow from 2 million in 2006 to 15 million in 2050 and older Asians will grow from 1 million in 2006 to 7 million in 2050 (U.S. Census Bureau, 2008). In Canada, over 90% of recent immigrants continue to settle in Toronto, Vancouver and Montreal where many ethnic enclaves exist; planning for this diverse group as they age will present challenges to planners in the years ahead. Given the current effects of globalization on cities (see Sandercock, 1998; Watson, 2006), these issues will continue to grow in importance. In fact, issues related to immigration and multiculturalism will be exacerbated as demographic forces such as lower fertility rates take effect, since these forces will need to be offset by even greater levels of immigration (Burstein, 2000).

**Figure 3.1:    Quadeer's Ladder of Planning Principles Supporting Multiculturalism**

| 7 | A multicultural vision of the development strategy for a city or region |
|---|---|
| 6 | Cultural and racial differences reflected in planning policies and acknowledged as basis for equitable treatment |
| 5 | Provision of specific public facilities and services for ethnic communities |
| 4 | Special district designation for ethnic neighbourhoods and business enclaves |
| 3 | Accommodation of diverse needs through amendments and exceptions, case-by-case |
| 2 | Inclusionary planning process – participation by and representation of multicultural groups on planning committees |
| 1 | Facilitation access by diverse communities to the planning department |

**Source:  Mohammad Quadeer, 1997, p.483**

Sandercock (2003) presents a unique vision of planning for diversity and social change in an altered global order. She describes a new reality ('mongrel cities') "where difference, otherness, fragmentation, splintering, multiplicity, heterogeneity, diversity, plurality prevail (2003, p.1).  In such a global reality, Sandercock argues that, while planning has never been value-neutral, the

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profession should now be "value-sensitive, working on behalf of the most vulnerable groups in multicultural cities , accommodating rather than eradicating difference" (1998, p. 206). Sandercock's (1998) vision of 'cosmopolis' represents the search for "tolerance, alternity and inclusion" (1998, p.182). The question of what it means to plan in such cities will need to be addressed. Some observers claim a rethinking of planning principles, strategies and process is required if pluralistic planning is truly to be implemented (Grenier, 2001; Quadeer, 1997; 2000).

### 3.3    What Constitutes 'Urban Planning'?  Definitional Perspectives

Pinning down definitions of both planning theory and planning practice is crucial to understanding how planners have variously responded to past social change and to how they might be expected to do so in future. However, such an apparently simple definitional perspective remains difficult for several reasons. Firstly, on a societal level, the planning process is an integral part of the broader issue "of the role of the state in social and spatial transformation;" thus, planning theory appears to overlap with theory in all the social sciences" (Campbell and Fainstein, 2003, p.1). Secondly, planning theory and practice has become bifurcated into camps: "those who define it according to its object (land use patterns of the built environment) and those who define planning by its method (the process of decision-making)" (Campbell and Fainstein, 2003, p.2). As a result, it is problematic to reconcile these distinct streams into a single, unified definition of planning and planning theory (see Table 3.2).

The activities of planning and city-building are also difficult to separate.  Developers, city officials, and city managers all practice planning of sorts. However, there is a difference between the process of planning which takes place in cities and the process of plan-making that carries with it the mandate to produce plans for future development, particularly at the city/local level (Campbell and Fainstein, 2003; Brooks, 1988). Thus, for the purposes of this paper the term "planner" will refer to the latter-mentioned group who consider themselves members of the planning profession and whose responsibilities include helping guide future development in a particular sphere of activity such as a local government, city, metropolitan region or other such jurisdiction (Brooks, 1988). For the purposes of this dissertation, the terms

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'social planner' and 'health planner' have definitions unique from 'urban planner' and are separately defined in Chapter 4 (Methodology).

Table 3.1 presents definitions of planning and planning theory from the more salient past and current intellectual leaders in the field. Alexander (1986) and Faludi (1973), for example, present fairly traditional rational- comprehensive definitions. Friedmann (1987) on the other hand, developed his concept of transactional planning, ushering in a new era of thinking followed by Forester's work and the communicative school which shifted theory away from form.

**Table 3.1:    Definitions of Planning and Planning Theory**

| Source | Planning Practice | Planning Theory |
|---|---|---|
| Faludi (1973) | "Planning is the application of scientific method- however crude- to policy-making" (p.6). | Distinguished between "substantive" planning theory about the "object" and "procedural" planning about "process of planning."  Latter constitutes discipline of planning theory (1973). |
| Friedmann (1973; 1993) | "Planning is that professional practice that specifically seeks to connect forms of knowledge with forms of action in the public domain" (1993, p.482). | Transactive planning theory emphasizes relations between knowledge and action acting as a basis for mutual learning between planners and client groups (1973). |
| Alexander (1986) | "Planning is the deliberate social or organizational activity of developing an optimal strategy of future action to achieve a desired set of goals" (p.43). | "theory [which] explores the planning process and examines its components" (p.7). Thus, it is 'comprehensive'. |
| Brooks (2002) | Planning is "the process by which we attempt to shape the future" (p.9). Public planning deals with "matters of public concern and relevance" (p.10-11). | The process component of planning which "guides us through a continuous self-examination of what we are doing, how we are doing it, why, for whom and with what results" (p.2). |
| Campbell & Fainstein (2003) | "Planning is intervention with an intention to alter the existing course of events" (p.7). | Theory which asks "what role can planning play in developing the city and region within the constraints of the capitalist system?" (p.21). |

An examination of Table 3.1 indicates that clearly two models of planning theory have evolved over the past several decades which have, in turn, guided planning practice. The first model (i.e. comprehensive land-use planning) is oriented to the normative, or what might be referred to as the 'how to' school. The other model (i.e. communicative planning, transactional planning), in contrast, is oriented to the 'who with.' While the *how to* school is concerned with substantive land-use issues and 'brick and mortar' planning, the *who with* school concentrates on the process of planning and getting plans approved. The important point is that, depending on any given specific situation, both models are useful and, indeed, required if planning is to be effective. Despite the claims of comprehensive planners (past and present) who insist that land-use planning is value-neutral, it may be argued that land-use is in fact rarely neutral because the process must take cognizance of 'who' will use the land. Interestingly, there seems a void in the planning literature as regards the fact that most land use is designed for specific groups of users and not necessary for everybody. Conceptually, it is here that the two schools of planning described above come together in practice: effective planning (e.g. that for age-friendly cities) requires an understanding of the bricks and mortar elements of physical planning (how to) and the process side which involves stakeholders and helps define the role of the planner (who with). Further, while planners are also generally loathe to deal with social issues or plan for specific groups, demographics in the case of aging baby boomers will force them to re-think this perspective. The future opportunity for planners will be to bring to bear the power of both schools and reframe the problem inherent in planning for specific groups by planning for the entire life course.

## 3.4 The Rise of Rational Comprehensive Planning and the Modernist Project

The rational comprehensive planning model (also referred to as 'rationalism' or the 'synoptic' model) is presented in various formulations in the literature but essentially contains the following elements: *goals* (what must be accomplished?); *alternatives/options* to reach the goals; *consequences* (positive and negative) of each option; *choice or course of action* given the desired result; *implementation* of the chosen course; and finally, *evaluation* of the chosen course (adapted from Brooks, 2002, p. 83; Meyerson and Banfield, 1955). In the decades

following WW II, rationalism continued to exert its influence on planning theory and practice. The "modernist" planners emerged, defined by Scott (1998) as those who came to envision "a sweeping, rational engineering of all aspects of social life in order to improve the human condition" (1998, p.126). Beauregard argues that "In the modernist planning project, reality that can be controlled and perfected is assumed. The world is viewed as malleable, and it is malleable because its internal logic can be uncovered and subsequently manipulated" (Beauregard, 1989, p.112). Thus, the role of the planner in the rational model is that of "expert," one who can, through use of scientific and objective logic, transcend the interests of politics, labour, capital and the state (Beauregard, 1989; Scott, 1998). It was also believed that specialized knowledge enabled planners to identify actions in the public interest that could benefit society; moreover, the (central) planning agency was seen to have authority and responsibility to develop proposals through a process of rational analysis and autonomy to implement them (Alexander, 1986; Beauregard, 1989; Grant, 2008). Thus, the post-war planner, a leader/expert possessed of a strong normative future vision, stands in sharp contrast to the planner of the current era, a theme which shall be elaborated upon later in the dissertation.

## 3.5    A Crisis of Legitimacy: the Limitations of Rational Comprehensive Planning Exposed

The limitations of rational planning played themselves out in two important ways: firstly, the model came under serious scrutiny by the leading thinkers and scholars of the era; secondly, by the 1960s, implementation of the rational planning model's ideology had significantly changed the face of many North American cities with the results laid bare for all to judge. Urban renewal was touted by planners as a new balm for the city's ills (Sewell, 1993; Grant, 2008) and was very much a part of their exercise to develop Canadian cities anew. In Canada, Grant (2008) argues, every city "was demolishing dilapidated housing as part of the monumental modernizing effort of urban renewal. The federal government financed the redevelopment, the provincial encouraged it, the newspaper promoted it" (2008, p. 14). The Chicago and Penn State Transportation studies used up millions of tax dollars on plans which proved to be politically impractical and other like projects played out in the fishbowl of public scrutiny (see Brooks, 2002). Consequently, modernism's premise that such large-scale planning projects could

remain detached and above politics came to be questioned as did the belief that the planners carrying them out were acting in the public interest (Scott, 1998; Brooks, 2002). By the 1970s "planners were blamed for the problems of urban renewal: cultural dislocation, disempowerment of the poor, and brutal modernization of the city. Jane Jacobs led the charge that planning was destroying the city" (Grant, 2008, p.14). The modernist project began to disintegrate during the 1970s and 1980s as critical weaknesses were laid bare; public legitimacy and trust were seriously eroded;  and reorganized governance in cities and new economic relations further changed the rules of engagement for the modernist planner (Beauregard, 1989; Sewell, 1993)[13].

## 3.6    Planning Theory and the Shift from Form to Process

Neuman (1998) argues that "For over a century the Plan was the centrepiece of modern city planning. After WW II, however, the plan's fortunes began to ebb. Plans and comprehensive planning were subjected to critiques that led practitioners and scholars to question their value" (1998, p.208). As early as the 1950s, insightful observers (Dahl and Lindblom, 1953; Simon, 1957) authored critiques of objective rationality and its limitations in practice. Table 3.2 presents the major schools of planning theory which emerged from the 1950s through to the 1990s. Each approach, it may be argued, articulates a reaction to some dimension of rationalism, including its complexity (incrementalism); the notion of the public interest (advocacy planning); centralized versus decentralized planning (transactive, advocacy, communicative planning); and public involvement/communication in planning processes (advocacy, radical planning). Table 3.2 tracks the significant developments through the decades, demonstrating the changing nature of planning theory from one based on form to a focus on process.

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[13] It is interesting to note that while it was federal and provincial/state policy-makers who delivered roads and expressways and city councils and developers who pushed for exclusive zoning for suburban housing, planners seem to have taken the brunt of the criticism as this era is analyzed and revisited in the literature. While planners are not without blame in these matters, the point is that they did not act alone.

As norms and values changed in the 1960s and 1970s, new notions of participatory politics, public involvement and decentralization of power found their way into planning theory and further moved it towards a process-oriented discipline. Building on the course set earlier by Friedmann and Forester, the work of Healey (1996) and others (see Table 3.2) caused a "communicative turn" in planning theory (Yiftachel, 1999). Neuman argues that Healey (1996),

**Table 3.2:          Reactions to Rational Planning: Theory Moves From Form to Process**

| Planning Theory | Critique |
|---|---|
| **Incrementalism (mid 1950s to 1960s)**<br>Lindblom's (1959) critique of synoptic planning offered a more practical approach, disjointed incrementalism, which develops only a few workable strategies. It recognized the reality of organizational constraints which disallowed radical options and addressed notion of unmanageable complexity of synoptic planning. | *Too timid in its overall aims*, neglects need for transformational social change and reinforces status quo (Fainstein, 2003; Etzioni, 1967).<br>*Describes how decisions are made when planning is not possible;* applies to a narrow range of planning situations; could argue it is not a planning strategy but rather antithesis of planning (Brooks, 2002). |
| **Advocacy Planning (1960s)**<br>Existence of many public interests vs. one in rational model (Davidoff, 1965). Davidoff's adversarial approach helped planners apply principles of social justice in their work, helping defend the interests of weak against the strong (Hudson, 1979). | *Unable to provide constructive and workable alternatives* (Hudson, 1979; Peattie, 1968) even though it forced social policy to be more transparent and showed unintended effect of decisions, especially on disenfranchised. |
| **Radical Planning Theory (1960s-1970s)**<br>Asserts that collective action can bring about concrete results (Hudson, 1979). Approach goes further than advocacy by bringing self-reliance, mutual aid and activism to bear on advancing the needs of the most disadvantaged and powerless in society (Grabow and Heskin, 1973). | *Provides for few workable alternatives* for mainstream planning. Grant points out "the radical planner's role is a controversial one: a guerilla in the bureaucracy, fighting oppression. Not surprisingly, few practitioners select this option" (2008, p.71). |
| **Transactive Planning Theory  (1970s and 1980s)**<br>Friedmann 's (1973; 1987; 1993) transactive planning is concerned with face-to-face transactions and learning between planners and those affected by the decisions. It is decentralized planning seeking a diversity of solutions at regional and local levels (1993).  Not merely the plan is evaluated but also what it will do for people in terms of dignity, sense of effectiveness and their capacity for growth (Friedmann, 1973; 1993; Hudson, 1979). | *Friedmann gives no guidance or* agenda for transactive dialogue (Hoch, 1984).<br>*Friedmann does not deal with spatial planning*. Equates planning with citizen empowerment, democracy and public policy at a conceptual level only, ignoring an important part of practice (Huxley & Yiftachel, 2000). Difficulties in translating theory to action (Hudson, 1979). |
| **Strategic Planning (1960s and 1970s)**<br>While definitions vary, essentially a rational-based | *Strategic models can be highly formulaic and complex* |

| | |
|---|---|
| planning system where an organization's mission is defined and then translated into strategic objectives or goals and a strategy is then developed to achieve those goals over a 3 to 5 year time span (Baum, 1994).<br><br>**Communicative Planning Theory (1990s)**<br>Based on Habermas' (1975) work, communicative theory "can best be viewed as a process of practical deliberation involving dialogue, debate, and negotiation among planners, politicians, developers, and the public" (Taylor, 1998, p.71). Healey (1996) believes mutual understanding "refocuses the practices of planning to enable purposes to be communicatively discovered" (1996, p.183). Forester (1989) argues planner's work is communicative vs. instrumental (1989). Innes argues communication and consensus-building is at the core of the planner's role (Innes, 1995). | leading some (Mintzberg) to conclude that "because analysis is not synthesis, strategic planning is not strategy formulation" (Mintzberg, 1994, p.321).<br>The pitfalls of strategic planning are related to those of its intellectual ancestor, rational planning (Brooks, 2002).<br><br>Planning theory cannot ignore the state and public production of space (Huxley & Yiftachel, 2000)<br>Ignores established procedures and political frameworks (Beauregard, 1989).<br>*When the focus is on the planner and their values,* both the context in which they work and desired outcomes receive less attention; assumes just process will produce just results; not always true (Brooks, 2002; Campbell & Fainstein, 2003).<br>*Works best with homogeneous, stable populations*, not as effective with very diverse groups (Watson, 2006). |

Innes (1995), Campbell and Fainstein (1996) and other like-minded scholars "have continued to concentrate on process and discourse. These thinkers have ushered in a micro-focus, increasingly fine-grained which holds sway over theory and education today" (1998, p. 208). Among the effects of the communicative turn is that the planner became less a leader and more a facilitator. Another difficulty with the displacement of rationalism as the predominant model was that a normative paradigm with the potential to integrate theory and practice was displaced and "nothing has come along to replace it" (Levy, 1992). This has led some scholars to declare that planning theory has become a marginalized "Babel of languages" (Dear and Laws, 1986) and that a gap between theory and practice has developed (Brooks, 2002).

## 3.7    A Shift and Return to Form?  The More Recent Developments in Planning

Berke (2002) argues that "the practice and scholarship of planning has shifted from physical design to process" (Berke, 2002, p.21). While the emphasis on process has drawn much criticism in past decades (see Levy, 1992; Breheny, 1996; Neuman, 1998), it seems that the development of newer planning models such Smart Growth; New Urbanism; Healthy Cities and Sustainable Development may represent a pendulum shift back to form and substance in planning (Talen and Ellis, 2002), along with the return of holistic and integrative perspectives

which may offer planners an opportunity to take on leadership roles (see Berke, 2002; Myers and Banerjee, 2005).  Just as comprehensive planning guided planning in the post-WW II era (for good or ill), these newer planning models have gained much traction in the past decade or so and will significantly affect how cities are planned and built in coming years.  The new planning models represent a response to environmental change, economic change and issues of social equity. Under the rubric of the environmental and economic agendas, the new planning methods also represent a response to the land use/transport dynamic. As shall be seen, they may also have potential to help address the myriad issues associated with planning for an elderly population, particularly in the area of aging-in-place.

**i)      The New Urbanism:** New Urbanism has become prominent as an urban design alternative to auto-dependent suburban development, which purports to mitigate sprawl by creating pedestrian-friendly, mixed-use developments fostering a sense of community; and encouraging the use of infill sites (Duany and Plater-Zyberk, 1992;  Ellis, 2002; Nasar, 2003; Christofordis, 1994; Talen and Knapp, 2003 ). Ellis (2002) delineates the core principles to which New Urbanists subscribe:

"…metropolitan regions that are composed of well-structured cities, towns and neighbourhoods with identifiable centres and compact edges; compact development that preserves farmland and environmentally sensitive areas; infill development to revitalize city centres; interconnected streets, friendly to pedestrians and cyclists, often in modified grid or web-like patterns; mixed land uses rather than single-use pods; discreet placement of garages and parking spaces to avoid auto-dominated landscapes; transit-oriented development (TOD); well-designed and sited civic buildings, public gathering places; the use of building and street and building typologies to create coherent urban form; high-quality parks and conservation lands used to define and connect neighbourhoods and districts; and architectural design that shows respect for local history and regional character" (Ellis, 2002, p. 262).

Plater-Zyberk's (see Duany and Plater-Zyberk, 1992) New Urbanist communities in Florida (Seaside) and Maryland (Kentlands) have long been the focus in the literature, large New Urbanist projects in Canada such as Cornell in Markham, Ontario and Mckenzie Towne in Calgary, Alberta are less well-known. Municipal officials in the fast-growing City of Markham, approximately one-half hour's drive north of downtown Toronto, asked Plater-Zyberk in 1992 to design a New Urbanist community with 10,000 housing units and 12 schools, community

centres, approximately one quarter-million square feet of retail space and employment for 10,000 people (Skaburskis, 2006, p.236). Skaburskis (2006) completed a study of Cornell which concluded that while densities were twice as high in Cornell compared to the surrounding conventional suburbs, the overall net effect on density and spread of the urban region was not as significant as might be expected. Further, 88.6 % of Cornell residents indicated they would move to a detached house and since only about a third of the subdivision's houses are detached, this implied they would move out of the development (Skaburskis, 2006).

McKenzie Towne in Calgary, a project planned in consultation with Plater-Zyberk, was initially designed to accommodate a variety of housing types in a mixed-use development on 2,400 acres. Grant (2002) indicates that by the mid-nineties the developer had built two neighbourhoods and a town centres. Despite positive reviews in the planning literature, closer scrutiny told another story as regards to making the mixed-use aspect of the development work. Grant asserts that:

"Carma [the developer] has invested millions of dollars in structures it cannot sell; instead, it leases the properties but faces high vacancy rates. The neighbourhood commercial property is largely empty. A private school proposed to move into the building but faced opposition and backed out. The developer cancelled plans for apartments above stores in the town centre because market rents would not cover building costs; apartments over garages on the alleys suffered the same fate. The light rail station is years away and residents express concern about the length of the bus trip into the city" (Grant, 2002).

Grant (2002) concludes that New Urbanism has not become a dominant form of growth in Canada. She attributes difficulties that have plagued would-be New Urbanist developments in Canada mainly to availability of cheap greenfield land and the Canadian tendency to resist intensification (Grant, 2002).

As is evidenced above, New Urbanism is not without its critics. Whether New Urbanism reduces auto-dependence (see Crane, 1996) and can reach density levels sufficient to sustain public transit is still an open debate (Gordon and Richardson, 1998). Fainstein (2003) argues that New Urbanists must rely on private developers to finance and build their communities. Thus, "New Urbanists end up producing only slightly less exclusive suburbs than the ones they dislike" (2003, p.183). Harvey (1997) claims that New Urbanism repeats the fallacy of spatial

determinism with its architectural and planning styles (Harvey, 1997). Beauregard (2002) observes that "although post-modernists challenged the modernist utopian view, the new urbanists have returned to utopianism" (Beauregard, 2002, p.182).

Despite these criticisms, urban design concepts such pedestrianism, creating community both through design and mixed-use and increasing density can become powerful tools in the future when dealing with demographic change.

**ii)** **Sustainable Development:** is an integrative approach with a global vision (Godshalk, 2004). From the perspective of this thesis, what is perhaps most notable about Sustainable Development is its ability to revive the idea that planning can again be more holistic (Wheeler, 2000; Berke, 2002). In 1987, the World Commission on Environment and Development (the Brundtland Commission) issued its Report which addressed the three Es (Environment, Economy and Equity). The Commission was most concerned with addressing environmental deterioration and overconsumption, and how these issues are inextricably linked to economic production and poverty (Berke, 2000). The Bruntland Commission defined sustainability as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs" (Bruntland, 1987, p.2). Berke and Manta-Conroy (2000) expand on Brundtland's concept of intergenerational equity, defining sustainable development as "a process in which communities anticipate and accommodate the needs of current and future generations in ways that reproduce and balance local *social, economic and ecological* systems and link local actions to global concerns (2000, p.23). [14] Consequently, sustainable planning has been critiqued as presenting the planner with the overarching and conflicting goals of simultaneously pursuing economic growth/efficiency, environmental protection and social equity. This dynamic has led some to argue that these inherent conflicts in sustainable development manifest themselves particularly in the area of land use planning (see Godshalk,

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[14] Berke and Manta-Conroy (2000) then go on to define six operational performance principles of Sustainability which include **harmony with nature** (land use activities should be congruent with ecosystem function); **liveable built environment** (addresses mixed use, congruity between people and urban form); **place-based economy** (a local economy should not cause environmental deterioration); **equity** (land use should consider needs of most disadvantaged); **polluters pay**; and **responsible regionalism** (communities should act in each other's interest not just their own) (Berke and Manta-Conroy, 2000, p.23).

2004). Others such as Berke (2002) suggest that sustainable development may be useful in helping shift planning away from process and re-introducing the idea of large-scale planning. Berke (2002) believes that the emphasis on process has de-emphasized the notion of a common good as the guiding principle in urban life. He argues that "perhaps we have now found just such a common good- sustainable development" (Berke, 2002, p.21).

**iii)** **Healthy Cities:** This integrative approach stresses the critical role of all sectors, (including social, environmental, economic, built environment) in contributing to health, the collaboration between them and the governance guiding them (Takano, 2003; Hancock, 1990). The role of the World Health Organization (W.H.O.) has been integral in the development of the Healthy Cities concept which emerged in the 1980s and has since spread worldwide (Takano, 2003, Werna *et al,* 1999). The formative work of Duhl (1986), Hancock (1990) and Ashton and Seymour (1988) was key in articulating the vision of Healthy Cities. Canada, for example, embraced Healthy Cities at the federal government level, and provincially, the Ontario Professional Planners Institute has adopted a Healthy Communities initiative (OPPI, 2008). Healthy Cities has revitalized research into important areas such as: public health and the built environment (Northridge, Sclar and Biswas, 2003; Dannenberg, et al, 2003; Srinivasan, O'Fallon and Deary, 2003); air pollution and childhood asthma (Spielman et al, 2006); and obesity and urban sprawl (Frumpkin, 2002; Ewing *et al*., 2003). The approach has shown potential "to mesh the disparate strands of the profession" and, "in linking theory and practice, the project [Healthy Communities] bridges planning in its current form with its historical purpose and with the many disciplines that contribute to the profession" (Hendler, 1989). Healthy Cities has been critiqued as being a continuation of modernism's belief in the power of science (see Peterson, 1996). The research/evaluation criteria used in judging the project's overall efficacy has also been criticized (see de Leeuw, 2003; Fortin, 1992; Werna *et al.*, 1999). Nonetheless, the movement has developed deep roots. Planners in Ontario continue to use the approach to demonstrate how issues such as air quality, obesity, economic vitality and poverty, and social cohesion are related to where one lives (OPPI, 2008).

Wister (2005) argues that recent research in the interdisciplinary social ecological model of health promotion is connected to Healthy Communities, which he claims "has tremendous potential value." (2005, p.63). While not exclusively focused on seniors, Healthy Communities assumes that "healthfulness is the result of a complex interplay of facets of the physical environment, social environment [and] personal factors" (Wister, 2005, p. 55). Wister asserts that:

"…the development of Healthy Communities through program and policy environments represents the newest and perhaps far-reaching physical environmental determinants of health. Expansion of walking and bike pathways; improved and safer transportation systems; neighbourhood crime prevention; urban renewal; green belts; and reduction of noise and air pollution through road design are a few areas gaining attention" (Wister, 2005, p. 65).

As a result, Healthy Communities presents an opportunity for a common language and another overarching theoretical approach understandable to both planners and gerontologists as they work to create environments for healthy aging and to ameliorate the effects of impending demographics.

Taking the New Urbanism, the Healthy Cities and Smart Growth models together, some scholars argue that this trend signifies a move away from process and relativism and a return to a more normative stance in practice and theory (for an insightful treatise on relativism vs. form see Talen and Ellis, 2002). The integrative nature of these developments may also ameliorate concerns in the field that planners have become "mere pragmatists, either no longer interested in 'big ideas' or convinced that the big idea is that there should be no such idea" (Breheny, 1996, p.20). Indeed, these new approaches seem to demonstrate no shortage of 'big ideas' in the field. Planners, however, will have to continue to find ways to make them their own. The potential of Smart Growth and New Urbanism in particular as models to help planners deal with the dynamics of an aging population may present such opportunity.

iv)     **Smart Growth:** Godschalk (2004) refers to sustainable development (livable communities), New Urbanism and Smart Growth as "distinct but related normative visions (cousins from the same intellectual family)" which "dominate contemporary planning discourse (Godschalk, 2004, p.5). While the distinct intellectual nature of each of the newer planning

methods described in the foregoing pages must be respected, their interrelatedness is what distinguishes and legitimizes Smart Growth, at least to a limited extent, as an 'umbrella' which captures some of the important ideas contained in each. As an alternative, 21st century model of urban form, Smart Growth can essentially be seen as a reaction to urban sprawl and its negative externalities, including unlimited outward growth; "leapfrogging" of new development which uses rural (and at times environmentally sensitive) land at a rate much higher than that justified by population growth; a dominant spatial form favoring low density; rigid, exclusionary land use practices leading to a car-dependent culture and environmental degradation; lack of consumer choice in housing/neighbourhood design; and costly expansion of infrastructure (Filion, 2003; Downs, 2005; Burchell *et al.,* 2000; Ewing, Pendall and Chen, 2002; Fodor, 1999; Kunstler, 1993).

Advocates of Smart Growth promote a more thoughtful approach to the built environment, including adaptive re-use, intensification and defined growth boundaries. As a result, re-creating urban form according to Smart Growth involves comprehensive spatial realignment that reverses the Euclidian suburban formula and manages urban growth by: mixing land uses; increasing densities; reducing automobile dependence and increasing transportation choices (e.g. public transit, walking, bicycling); strengthening people's ability to become more involved in their community; curbing (expensive) infrastructure expansion;  and encouraging natural resources preservation (see Ye, Meyer and Manpe, 2005; Filion, 2003; Litman, 2007).

An important thrust of Smart Growth is economic development. Ye, Meyer and Mandpe (2005) argue that this aspect of Smart Growth contains three threads: encouraging neighbourhood business; infill development; and downtown re-development. Encouraging neighbourhood development involves creating communities that are more self-contained so that individuals do not have to commute long distances to work, shop and engage in recreation. A second aspect of encouraging neighbourhood development is bringing new economic life to depressed neighbourhoods, thereby using existing infrastructure rather than building new roads and services farther out of the city centre. Infill development implies using abandoned and vacant lands for housing and economic activity, which again eliminates the need to expand and

maintain expensive infrastructure. Finally, downtown redevelopment involves bringing employment, mixed-income housing and public amenities to the city centre, thereby making it a "destination and development target" (Ye, Meyer and Mandpe, 2005, p.308).

Smart Growth has no shortage of critics. While its broad policy objectives have found support among diverse stakeholders, critics indicate that these same stakeholders ascribe to different interpretations and definitions; moreover, it has been argued that compromises will inevitably result when goals as diverse as managing urban growth, environmental protection and improving quality of life are pursued simultaneously (Ye, Meyer and Manpe, 2005; Filion, 2003; Bourne, 2001). Filion (2003) poses the question whether the optimism so enthusiastically embraced by Smart Growth advocates is justified given that "these achievements have failed to reach the scale needed to reorient urban development trends"(2003, p.2); see also Edwards and Haines, 2007; Talen and Knapp, 2003; Tomalty and Alexander, 2005). Downs (2005) indicates that while Smart Growth has a strong vision and intellectual appeal, cities following these principles are outnumbered by those where such policies are not implemented effectively. Downs concludes that for Smart Growth to be successful, it will require implementation of policies forcing the abandonment of long established American traditions such as home rule (local government autonomy) and low density living patterns, a course most Americans will not follow easily (Downs, 2005). Other impediments to Smart Growth include conventional forms of zoning and bylaws, popularity of gated communities, NIMBY and mega-styles of consumption (Grant, 2008). All told though, most professional planners would agree that Smart Growth is a policy shift which bears examination for two reasons. The first has to do with Smart Growth's potential to alter ongoing trends in urbanization; the second is that it may be helpful in ameliorating the negative effects of impending demographic shifts, specifically as they relate to an aging population (Howe, 2001; Ball, 2001).

3.8     **Combining the Newer Planning Models and Gerontology to Help Prepare for Societal Aging**

In Chapter 2, the theories of aging most applicable to planning were reviewed alongside the notion that combining these two areas of knowledge would be helpful to planners as they

prepare for aging demographics. Now that the newer planning models have been reviewed, we can begin combining the major theoretical dimensions of Smart Growth and New Urbanism with those in gerontology. The results of this comparison are presented in Table 3.3.

**Table 3.3     Combining Theoretical/Research Dimensions in Smart Growth, New Urbanism and Gerontology:  can closer ties help cities prepare for elderly demographics?**

| Aging Dimension | Smart Growth(SG) and New Urbanism (NU) | Gerontology | Future Joint Research Directions |
|---|---|---|---|
| **Housing and neighbor-hood design** | SG encourages higher density, self-contained communities; smaller buildings, blocks and roads (Litman, 2007; Wheeler, 2003). NU promotes compact, walkable urban scale; and access to necessities and the public realm ( Talen & Knapp, 2003;  Duany, 1992). | Person-Environment theory (P-E): reduce "press" and increase "competence" to aid elderly in their immediate environment (Lawton & Nahemow, 1973; Kahana, 1982; Carp & Carp, 1984). | Continue to expand P-E theory research from immediate environment (Kendig, 2003) to neighbourhood and beyond by connecting it to urban design research and practice in New Urbanism and Smart Growth. |
| | SG emphasizes accessibility so people can reach desired goods, services and activities versus sprawl's emphasis on mobility (Litman, 2007). NU includes diverse mix of housing (Ellis, 2002). | Need for diverse types of seniors' housing (including low income) and aging-in-place identified (Haldemann&Wister,1993 Rosenberg& Everitt, 2001; Wister & Gutman, 1997). | Can Continuing Care Retirement Communities (CCRCs) and Naturally Occurring Retirement Communities (NORCs) be combined with New Urbanist Development? |
| **Transpor-tation** | NU encourages "urban village" developments with good neighbourhood design; mixed land use; strong sense of place (Ellis, 2002); walkability; access; and varied transport options encouraged (Duany, 1992; Calthorpe, 1993). | Health is affected by neighbourhood quality; sense of place important (Krause,2003); mobility key to independence (Cvitkovich& Wister, 2001; Rosenberg & Everitt; Krout, 1986) | Encourage joint research among gerontologists, planners and public health practitioners. Combine gerontology theory (Continuity, Disengagement, P-E) with planning modalities to maximize seniors' ability to age-in-place. |
| | SG and NU encourage access to public transit and walking, bicycling (Ye *et al*, 2005; Tomalty, 2005). | Access/transportation key to independence (Cvitkovich& Wister, 2001; Rosenberg & Everitt, 2001) | Joint research in gerontology, planning (NU) and public health on link between urban design and seniors' independence. |
| **Health and Access to Services** | SG & NU emphasize local access, mixed use, compactness  (Wheeler, 2003; Calthorpe, 1993). | Link between seniors' independence and access to health services/home care (Krout, 1986). | Joint research into links between urban design and health correlates of successful aging-in-place; engagement |

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| | | | and activities to age successfully |
|---|---|---|---|
| **Social Integration and Community** | NU emphasizes interaction/ sense of community; some evidence exists to support claim (see Talen, 1999; Lund, 2003; Brain, 2005). | Association between healthy aging and social supports/community integration (Tomaka, *et al.*2006) | Joint research into how NU neighbourhoods can be adapted to specifically help support and integrate seniors. |
| **Migration of older adults back to city core** | Some evidence of "fifth migration" back to the core due to downtown re-urbanism (Nelson, 2006; Fishman, 2005). | Can elderly migration studies at macro level (Longino, 2002; Duncombe, 2003) be done within urban areas? | Apply joint learnings in SG and gerontology to encourage downtown migration to higher density housing as aging in suburbs intensifies. |

The most important theme to be taken from Table 3.3 is that planning must go beyond the 'front gate.' This means that if planners are to prepare effectively for societal aging, then they must learn from gerontologists about specific housing design dimensions which can reduce 'press' and enhance 'competence' in the environment of older adults, to use the terminology of Person-Environment Theory. A real-world example was cited by a gerontologist key informant who expressed frustration at planning approvals being granted for townhomes which had numerous stairs leading up to the front door (NAT/INT-05-P3). These homes were often in attractive, infill locations close to the downtown core and attracted seniors. Unfortunately, as frailty sets in, the elderly resident is less able to negotiate the stairs and independence becomes an issue.

Similarly, gerontology must move beyond the front gate. Kendig (2003) asserts that a major determinant of mobility among the elderly is the nature and form of their environment, not simply that of the immediate home but extending outwards to the neighbourhood (Kendig, 2003). This theme will be further examined when the concept of Lifetime Homes and Lifetime Neighbourhood is examined in a later section. The point is that planners and gerontologists can learn a great deal from each other by sharing knowledge and each pushing the outer boundaries of their traditional practice. Their joint goal should be to build both homes and neighbourhoods which use universal design principles and other knowledge streams to ensure

that residents can age-in-place without losing functional accessibility to the necessities of life, including continued engagement with neighbours and the community.

## 3.9 The Continuing Evolution of Planning in the New Century

Ironically, at a time when planning continues to struggle with self-doubt and essentialist issues that have plagued the profession for years, Myers and Banerjee (2005) claim "the current growing public attention to urban planning issues is virtually without precedence" (2005, p.121). The issues that have caught the public's attention are the same ones planners will be called upon to help resolve: climate change; achieving environmental sustainability; urbanization and sprawl; poverty and affordable housing; multiculturalism; an aging population and others (Hodge and Gordon, 2008; Grant, 2008; McClendon, 2003). Despite this ambitious agenda, McClendon (2003) finds that planning continues to experience a crisis of confidence and does not enjoy exclusive purview over practice. Friedmann (1994) notes that while planners plan, the world moves on, for the most part without regard to the plans so carefully drawn up" (1994, p.307). Howe (1994) observes "many practicing planners are insecure, discouraged and tentative about their accomplishments" (1994, p. 402).

## 3.10 Postmodernism and Neoliberalism

Postmodernism, with its shift away from the idea that there is any one best choice for action (Hemmens, 1992) and from "the sense of order, comprehensibility, predictability and rationality that prevailed in the modernist era" (Brooks, 2002), has undoubtedly contributed to a sense of professional anomie. Neoliberalism, defined by Harvey (2006), as political and economic processes which propose that "human well-being can best be advanced by the maximization of entrepreneurial freedoms within an institutional framework characterized by private property rights, individual liberty, free markets and free trade" (2006, p.145), has also shifted the role of the planner considerably. Some argue that in a neoliberal environment planners only serve to legitimize the actions of the state and serve land development interests (Dear and Laws, 1986; Kipfer and Kiel, 2002).

## 3.11    Retrenchment or New Directions?

One of the key issues which will influence how the discipline evolves over the next few decades is whether planning returns to its roots in comprehensive land use planning as some argue it should, or whether it expands to include new methods and epistemologies. If planning's course is steered closer to its roots as suggested by McClendon ("planning needs to be defined as the production, administration, and implementation of comprehensive plans"[2003, p. 226]) and Kaiser and Godshalk (1995), where comprehensive land use planning is the focus, then the key roles would be tightly defined and exclude (at least in a strict professional sense) the other tasks in which planners have been engaged in the recent past. Sandercock (2004); Innes (1997); Brooks (1993) and others present a different view of the future. Sandercock's vision, for example, sees "planning as an always unfinished social project whose task is managing our coexistence in the shared spaces of cities and neighbourhoods in such a way as to enrich human life and to work for social, cultural and environmental justice" (Sandercock, 2004, p.134). While Sandercock indicates that planning is a social project with an imperfect past and uncertain future, she claims its future will no doubt involve coming to terms with prevailing new social and urban realities such as plurality, otherness, difference and diversity (Sandercock, 2004).  Judith Innes (1997) argues that planners "must build on what we do best and systematically reinvent our field for the post-modern era. What we do best is make connections-  among interests, public agencies and professions and disciplines; between public and private sectors; and ultimately between government and the public" (1997, P. 227).

In a complex, postmodern environment of increasing diversity and pluralism, is it realistic for planning to return to comprehensive land use planning rather than become engaged in the wider spectrum of the social, economic and public policy arena? Brooks believes that most planners today would opt for the latter position (1993; 2002). Myers and Banerjee (2005) agree, arguing that "to hunker down on comprehensive planning is to ignore the bread-and-butter activities of planning practice and to forego claims to the exciting new movements related to planning" [Smart Growth, New Urbanism, Sustainability, Healthy Cities]  (2005, p.128). Moreover, they argue that in order for planning to meet the rapidly emerging

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challenges ahead, the differences between "town and gown" (the profession and the academy) must be bridged.

In the next two decades, if planners are "to lead and not just react" (Talen and Ellis, 2002) then the three spheres of theory, education and practice must work together to produce a new generation that is able to "lead local efforts to solve urban problems, lead the building of collaborative partnerships, lead the partnerships fostering a new regionalism, lead international efforts for managing urban growth and development planning, and lead the campaign for urban sustainability, among others" (Myers and Banerjee, 2005, p. 128). After reviewing a gauntlet of planning criticisms, Brooks (2002) declares that "planning is alive and well" (p.47), thus acknowledging its adaptability and contribution over the decades. If progress is made on issues such as the theory/practice gap, product versus process, divisions between academy and practice and just as importantly, in the profession's attitude of diffidence, then the discipline may well continue to evolve into new areas of practice which will secure its position in the years ahead.

## 3.12    CONCLUSION

This chapter began with a brief review of the almost contradictory styles of response that came from the professional planning community in reaction to two major waves of massive social change, first, in the mid-twentieth century, the baby boom and then, a generation or two later, multiculturalism.  Thus we have seen that, in the 1950s, planning for any group other than the nuclear family, (with the possible exception of low income individuals), was a rarity during this era. As modernism came under siege, a new period in planning theory and practice -- post-modernism and the communicative turn -- took hold. Over the past decade, a shift back to form and substance (i.e. the new planning methods) seems to be occurring. Within this broad context and from the perspective of this dissertation, a number of important observations/conclusions are important. It may, indeed, well be that the apparent contradiction in planners' response to large scale social change at the time of the baby boom and later when planners were confronted with multiculturalism represents little other than a distinct paradigm shift in the practice of planning. Either way:

- Today, planners are confronted with a very different reality than the post-war years. Two groups, older adults and immigrants (which are not necessarily mutually exclusive) will require planners to re-examine fundamental tenets of their practice. Older adults in particular will, over time, likely move from the periphery of planning to the mainstream. This is when the modernist refrain, "planners plan for use not people" will require re-examination. [15] Basing practice on the modernist assumption that the 'neutral' planner, planning for a homogenous population, knows what the majority requires will be less and less effective as the composition of North America continues to change both in respect to ethnicity and demographics.  The reason for this reduction in efficacy lies in the now outdated modernist assumption that land use decisions can be made separate and apart  from the needs of the people that will ultimately be the users of the land.

- While comprehensive land use planning is oriented to the 'how to,' or normative aspect of planning, the later communicative and transactional schools were oriented to the 'who with' perspective. Here again a separation emerges between the bricks and mortar aspects of planning urban form and its social aspects. Changing demographics and planning for age-friendly cities will require both types of planning.

- Planning for age-friendly cities (and changing demographics) will also be an opportunity for planners to become leaders again during an important time of social change while re-examining which planning models will be most effective in a post-modern, post-Fordist social and economic context. This emerging context will require planners to go far beyond the modernist assumptions of planning for a homogeneous 'public interest' and consider integration of bricks and mortar (how to) with process-based models (who with) and social planning (who for). The latter represents the missing link: "who is the neighbourhood being designed and built for?"

- The newer planning methods can be helpful in integrating these important planning dimensions. New Urbanism offers useful urban design concepts that integrate well with

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[15] For a balanced and insightful discussion of the notion of planners planning for use and not people, see Hoernig, Randall et al.'s (2005) discussion in Planning for People: Integrating Social Issues and Processes into Planning Practice.

aging-in-place and encourage some degree of age diversity. Sustainable Development and Healthy Cities offer planners an integrative vision and a pendulum shift back to a more normative (and practical) stance in planning for urban form than does the communicative model. Finally, Smart Growth acts as an 'umbrella' concept among the newer planning methods and has the potential to remake cities. As shall be seen later in the dissertation, Smart Growth as a planning method is also very congruent with planning age-friendly cities; however, it too is missing the essential ingredient of the 'social' dimension of planning.

➢ Finally, the notion that planning is no longer planning for a homogeneous majority implies the passing of a central organizing theme and touchstone in both theory and practice. What will replace this touchstone? Sandercock (1998; 2003) argues that this notion has long since passed and the world has since changed irrevocably. The argument will be made in this dissertation that in future, an important part of planning should be planning for all groups, not according to individual characteristics such as ethnicity or culture, but rather designing urban form for those developmental life stages that unite us all. At some point, we are all young, we are all middle-aged and we will eventually all grow old. The life course perspective in gerontology is a useful guide for planning in this important area.

As shall be seen, planning in future will probably need to give unique consideration to special populations.  Wealthy, well-educated and politically well-connected aging baby boomers will demand that the planning system be remade so that it considers their particular needs. Immigrants may well do the same particularly as the first generations of their Canadian-born offspring come of age.  The argument adhered to in this thesis is that planning for substantial subsets of the population at large, such as immigrants or the elderly, needs to become pro-active rather than reactive. The profession will have to engage with seniors and immigrants in an inclusive manner which makes them feel part of the social, political and institutional workings of the city.  The tools of social planning, which in the days of Davidoff and Krumholtz were mainly concerned with the disenfranchised, will also be required in planning for the middle class. As the attention of planners shifts towards form and away from process with the

new planning models, planners must not ignore the social engagement of unique groups such as older adults and others. As a result, planners will have to resurrect the tools of social planning and include them in these new models. Planners should help design neighbourhoods and ultimately cities, which pre-dispose their residents to becoming involved with each other, where a sense of community and engagement throughout the life course is welcomed and encouraged. An updated form of social planning, combined with the physical aspects of the new planning models, may be very useful in achieving this end.

**CHAPTER 4:  RESEARCH METHODOLOGY**

**4.1      Introduction**

This section outlines the overall methodological framework used in the research, including study methodology, research design methods, data collection methods, data analysis and study limitations.  The research methodology was multi-phased: it comprised an initial exploratory study, a preliminary study and the main study. Preliminary findings from the initial exploratory study and preliminary study are discussed in this Chapter. The total number of key informants for the main study was 52 and using essentially similar interview guides, the sample comprised two parts. First,  data was collected on the research themes from key informants in various geographical locations such as North America, the Middle East, Europe, Japan and Australia/New Zealand; secondly, a purposive sample of three medium-sized (3) cities in Southern Ontario's Greater Golden Horseshoe (GGH) and one (1) medium-sized city in Northern Ontario were also examined in detail.

While the main research question was presented in Chapter 1, it is repeated here for the sake of clarity:

***We can expect that demographic changes, especially societal aging, will have a great impact on North American cities. Does professional planning currently offer models or concepts that will guide us towards the development of more 'age-friendly' cities and communities? How might the planning profession move forward to embrace the concept of age-friendly cities?***

**Sub-questions:**

   a) *What is the nature and extent of the age-related  demographic change anticipated over the next several decades?*
   b) *How prepared are planners, developers and other officials to adapt urban development styles for changing demographics and societal aging?*
   c) *How can planners and others help develop age-friendly urban form?*
   d) *Is there a planning model that incorporates or that could incorporate relevant knowledge in gerontology (particularly in the area of aging and the environment) to help cities prepare now for much-needed change?*

**4.2    DISSERTATION METHODOLOGY**

**4.2.2    Research Objectives**

The research questions were designed to advance the objectives of the research which were as follows:

  a) To fill a knowledge gap in the area of demographic change and point to its potential to help create age-friendly urban form;
  b) To determine whether a new conceptual planning model could be developed which helps planners and others deal more effectively with impending demographic change and societal aging.

The main key informants in the study are planners (urban, social and health planners), developers (both private and non-profit), seniors' advocates and a purposive sample of national/international aging experts.[16] These key informants represented a sample of practitioners who might be expected to deal with 'planning' for seniors in the broadest sense of the term planning. While the dissertation research approaches the phenomenon of societal aging essentially from a planning perspective, including study participants other than urban planners had two beneficial effects: firstly, the context of the study was effectively broadened which resulted in a richer data base. Secondly, broadening the data sources enhanced the study's reliability and validity. As questions similar to those posed to planners were also asked of other groups (developers, seniors' advocates, older adults, gerontologists), a clearer picture emerged of both the planning problems and their potential policy solutions. Since a sub-research theme was exploring the possibility of integrating gerontology knowledge/theory into

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[16] 'Social planners' included individuals who worked in planning health and social services for seniors (and others) and were often employed by such entities as local social planning councils, regional governments and non-profit organizations. 'Health planners' included policy analysts or high-level administrators whose job was primarily planning for and/or delivering health care to seniors. They were usually employed by provincial or local health authorities or larger hospitals. 'Social advocates' were individuals who had either established a reputation as leaders or spokespersons for seniors' rights or were employed as seniors' advocates for non-profit organizations. 'Developers' included individuals engaged in developing and building large-scale seniors' facilities and buildings and/or houses marketed to seniors. Some of these developers operated locally, some were non-profit operators and a few were involved in development across the entire Province of Ontario. 'Gerontologists' included individuals with professional training and expertise in working with seniors. Some of these individuals had progressed in their careers to become CEOs of seniors' developments and health planners, thus the categories were not always mutually exclusive.

planning, including key informants with a high level of expertise in gerontology also helped with convergent validation. Finally, convergent validation of the research themes among the various samples located on different continents also emerged as will be further described in the discussion sections.

### 4.2.3   The Overall Research Approach

This thesis is characterized by the use of *qualitative* research, in particular, exploratory and descriptive research methods.  Golafsani (2003), in part citing Strauss and Corbin (1990) and Patton (2001), defines qualitative research as "any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification" (Strauss and Corbin, 1990, p.17) and a method that explores phenomena in "real world setting(s) where the researcher does not attempt to manipulate the phenomenon of interest" (Patton, 2001, p.39). Golafsani (2003) goes on to observe that "unlike quantitative researchers who seek causal determination, prediction, and generalization of findings, qualitative researchers seek instead illumination, understanding, and extrapolation to similar situations" (Golafsani, 2003, p.598; Hoepfl, 1997).

The qualitative school came to believe that theory should be 'grounded' in the reality of those being studied (Glaser and Strauss, 1967). Understanding the world of those being studied becomes integral to effective research. In the qualitative versus the quantitative worldview, many 'truths' were held to be valid versus the one objective, universal and generalizable truth held in the quantitative school (Walliman, 2005). At the root of the qualitative approach was the recognition that social scientists attempt to describe, analyze and understand human behavior, a phenomenon which is infinite in its complexity. As a result, it usually involves inductive, as opposed to deductive, reasoning.

For qualitative researchers, "theory isn't something you start with, it's something you build" (Palys and Atchison, 2008, p.10). Inductive research, "typically involves beginning with individual case studies in context, trying to understand each situation on its own terms, and leaving open, for the moment, the question of whether generalizable theoretical concepts can

ever be drawn together in anything resembling a grand theory" (Palys and Atchison, 2008, p.10).

As outlined below, the research approach used in this dissertation has involved fairly extensive data collection in many different settings, as well as reflection and analysis of the findings.

### 4.2.4   Rationale for Using Qualitative Research Methods

In its broadest characterization, the dissertation topic is concerned with planning for a changing demographic (older adults) and identifying the nature and form of an urban environment that would suit this client group.  A qualitative approach to the research was seen as the most effective in achieving the research aims;  the rationale for this assertion is as follows:

> ➢ ***The research aim is broad and does not constitute a hypothesis***: a quantitative/positivist approach may be useful in more thoroughly examining a particular aspect of the phenomenon. However, a wider, contextual study focusing on a series of questions versus a specific hypothesis is better served using qualitative research methods. As a distinguishing test for quantitative research, Walliman (2005) indicates that this research method "usually has to do with people and their activities and is concerned with variables that cannot be quantified on an interval or ratio level" (Walliman, 2005, p.32; see also Denzin and Lincoln, 2000, pp.3-6).

> ➢ ***The nature of the research question leads to inductive analysis as a starting point:*** this notion is related to that above: starting with a hypothesis would be too limiting. First, the nature of the problem must be widely understood. Such knowledge and its relevance will only result from extended contact with the key informants of the study. Then, the principle of '*verstehen'* (understanding behavior in a manner meaningful to the actors {Palys and Atchison, 2008}) becomes integral to eventually presenting an effective solution or framework to a complex, multi-faceted research problem.

The qualitative methodology used in the dissertation utilized explorative and descriptive research types. The initial exploratory study was designed to study the major issues and questions relating to planning for older adults. The preliminary study was a brief exploration of the newer planning methods and their relevance to a group of older adults (residents of a retirement community) and young people (graduate planning students). These two initial phases of the research, undertaken in 2007 and 2008, utilized exploratory or formulative research methods and, as shall be seen, were essential in understanding the conceptual underpinnings of the work and thus helping frame the major research question and sub-questions.

The exploratory research type is useful in building methodology "that might be used later in more tightly designed research and to make recommendations regarding the likelihood of continuing with additional research on the topic" (Adams and Schvanevelt, 1985, p.103). Exploratory research helps lay the groundwork by identifying the key variables and isolating important relationships between them. "By their very nature, exploratory designs allow considerable flexibility in answering or exploring the problem in question. This freedom is vital if the investigator is to observe, talk, listen, question and evaluate a given situation" (Adams and Schvaneveldt, 1985, p.103). This stage of the research should also allow room for serendipity or the 'serendipity pattern' which Merton described as "the fairly common experience of observing an unanticipated, anomalous and strategic datum which becomes the occasion for developing a new theory or extending an existing theory" (Merton, 1968, p.158). In the current research, the initial studies referred to were examples of exploratory research which initially framed the dissertation topic and then, through strategic discussions with knowledgeable key informants, led to further insights.

Descriptive studies are undertaken once the investigator has a basic understanding of the research problem and enough knowledge to know which are the important questions to ask. When a researcher needs to describe 'what is' and 'how it is,' descriptive research is a tool used to describe certain variables, events or situations; thus it is most useful when words and/or numbers can be used to present an accurate profile (Adams and Schvaneveldt, 1985; Robson,

1993). Since the focus is on a particular sample or population and its characteristics, deciding how large the sample should be and how it will be studied are important determinations in descriptive research designs. In this dissertation, while the initial exploratory study and preliminary study were critical in defining and advancing understanding of the research problem, it also became important to ensure that the main study contained sufficient scope in data collection (e.g. 52 key informant interviews).

Descriptive research, as it seeks to describe and portray situations, people, phenomena and their interrelationships, may be qualitative or quantitative in form. In either case, quality and accuracy are important. Research design must minimize bias and maximize reliability and validity. Moreover, the researcher must be vigilant against bias in the data collection/analysis processes. It is thus important that a self-critical perspective be maintained to help guard against bias in the observation, interview and data analysis processes (Robson, 1993; Walliman, 2005, Palys and Atchison, 2008; Yin, 2003).

Descriptive research was well suited to further understanding how demographics will affect cities and whether planning offers a model to help build age-friendly cities,  since it "usually focuses on events that are in process or that have already taken place" (Adams and Schvaneveldt, 1985).

Later, in the data analysis phase, comparative research was used to compare differences between the study cities in Waterloo Region in Southern Ontario and the City of Greater Sudbury in Northern Ontario (see Appendix 4). Important differences were noted in how planners and developers were planning for demographic change in these two contrasting urban environments. The use of both the descriptive and comparative research types allowed a profile to emerge which was more complete, informative and multi-dimensional than it would have otherwise been had only Southern Ontario cities been included in the study.

### 4.2.5   Research Chronology

The research design forming the foundation of the dissertation was divided into three parts, the chronology of which is laid out in Table 4.1. The dissertation research began with the notion

that understanding purpose-built seniors' housing, or more broadly stated, the issue of integration/segregation of older adults, was a key concept in studying urban planning and gerontology. Thus, the **initial exploratory study** was essentially designed to engage gatekeepers of the seniors' housing system (Chief Executive Officers of large, multi-level seniors' developments), planners, and developers. Ten key informant, semi-structured interviews were completed. While initial questions and discussions focused on the most effective location of large seniors' developments such as Continuing Care Retirement Communities (CCRCs), it soon became apparent that this subject area seemed too narrowly focused for dissertation research. One underlying substantive issue, the potential effects of aging demographics on urban form, began to emerge clearly from the data and subsequent follow-up interviews. More important connections then became apparent as further interviews were done with key informants who had a 'big picture' view of the field. Specifically, the connection between planning for impending demographics, societal aging and new planning methods such as Smart Growth, New Urbanism, Sustainable Development and Healthy Communities emerged clearly as important research themes to the author once these data were analyzed. Another theme elicited through the exploratory research phase was the potential for congruency between planning for impending demographics and advancing the environmental agenda. Despite the importance of these connections and their potential to help deal with societal aging, little seemed available in the literature. Finally, the idea that building age-friendly cities might be at the root of dealing systematically and effectively with impending demographics originated with an initial exploratory study key informant. As the key informant described WHO's age-friendly cities work, the true potential for dissertation-level research became apparent to the author as the data analysis progressed and the various dimensions became more clear:  e.g. the age-friendly cities initiative was designed to help planners; Smart Growth and the newer planning methods could be used to advance age-friendly cities and help ameliorate other urban problems such as sprawl; age-friendly cities could be beneficial to all groups, not just seniors; and finally, all of these initiatives seemed able to drive the environmental agenda forward. These were the major insights from the initial exploratory study that began to form the main

research question for this dissertation and spurred further interest for research on the part of the author.

The notion that the newer planning methods held both the potential to help adapt urban form to make it healthier for everyone (e.g. by reducing sprawl, concentrating development, increasing walkability, etc.), including the particular needs of an aging population, then became the central idea at the heart of the **preliminary study.** If these methods truly had such potential, then how would older adults, specifically those who had come of age in the suburbs, view them?[17] Moreover, how would young people, graduate students who were studying planning as a profession view them? The opportunity to research these questions came in 2007. The research was carried out by the University of Waterloo, Department of Planning and involved the author, two other PhD students and a professor from the School of Planning. The main research question was *"How would you create a community in which you would like to live for the rest of your life?"* The idea of pursuing the research question came from the work of Harding (2007) who has researched the concept of 'Life Time Neighbourhoods' and that of Deborah Howe (2001) whose work examines 'Life Cycle Communities'. The researchers were interested in exploring whether there was an appetite for an alternate urban form (as distinct from single-use, segregated suburban development) among a group of seniors who lived near the Central Business District of the City of Waterloo in a Continuing Care Retirement Community. The results of the study indicated that both seniors and young people had rather favourable views towards the new planning methods. This was somewhat surprising given that most in the elderly group had spent their lives in suburbs. However, this group also recalled a time before WW II when they viewed downtowns as healthy places to live, work and socialize. Indeed, some of them had experienced this era first hand. Smart Growth and Healthy Communities seemed to resonate with these experiences and thus seemed to predispose the older adults in the group to view the planning models more favorably than expected. These findings then further encouraged the author to focus dissertation research on planning for age-

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[17] This question was particularly interesting and relevant given the observation that Continuity Theory in gerontology argues that such individuals are best able to age successfully if they are able to carry on a lifestyle similar to that they maintained in their early and middle years.

friendly cities, the new planning models and how knowledge in gerontology might further add insights to planning such cities.

Once the exploratory research was completed and the data analyzed, it became apparent that the dissertation's main research question should focus on planning for age-friendly cities. By the time the methodology for the **main study** was being designed, the author came to realize that this important area of research had the potential to make contributions to professional planning, particularly if such notions as the readiness of planners for impending demographics, the role they saw themselves playing and how the newer planning methods and knowledge of gerontology were explored as part of the dissertation study.

The main study involved semi-structured interviews with a total sample of 52 key informants. In order to provide sufficient context, it began with a demographic analysis of major global regions, with a focus on Canada and the United States but also included Europe, Japan, Israel and Australia/New Zealand.  Semi-structured interviews were carried out with planners, social advocates, developers (profit and non-profit), gerontologists and other experts in the field of aging and/or planning. A purposive sample of global regions/countries was chosen, along with the main study sites in Waterloo Region (the cities of Waterloo, Kitchener, and Cambridge) and the City of Greater Sudbury. The sample included mainly urban planners, seniors' advocates/planners and developers (n=38) but others (academic planners, gerontologists) were also included to give the research a broader context.[18] The national/international key informant sample (n=14) included gerontologists and others; researchers/experts from the World Health Organization (Age-Friendly Cities Study); universities and other knowledge-intensive organizations. The interview guides for the 14 interviews with national/international participants were essentially the same as those for planners, developers and seniors' advocates. However, there was particular focus on the questions "Are you aware of any initiatives currently underway or being considered in future which will make your

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[18] Professional activities, which included Study Visits to tour seniors' facilities and interview executives in Newfoundland, Northern California and  Alberta, Canada also allowed the author to collect valuable insights relating to the research.

[city/country/region] more age-friendly?" and "If so, can you give examples of such initiatives at the [city/country/regional] level?" Probes were then used to elicit more detail.

**Table 4.1:  Research Chronology: Three Phases**

| **Initial Exploratory Study** of Aging and Demographics To Formulate Research Question | **Preliminary Study to** Investigate New Planning Methods and Life-Cycle Communities | **Main Study,** an in-Depth Study of Planning for Demographics and Age-Friendly Cities |
|---|---|---|
| i) Using exploratory research methods, interviews carried out with Chief Executive Officers of seniors' facilities, developers, planners and academics | i) Research Question: *"How would you create a community in which you would like to live for the rest of your life?"* | i) Demographic analysis of global regions (i.e. U.S., Europe, Japan, Israel, Australia, New Zealand) and Canadian regions to determine study sites . Three study cities selected in Southern Ontario and one in Northern Ontario |
| ii) Included site visits to various seniors' facilities in Ontario | ii) Involved planning professor guiding the study, along with 3 PhD students facilitating research groups | ii) Key informant, semi-structured interviews with planners (urban, social and health), developers, social advocates/planners and selected international experts. |
| iii) Identified demographics and new planning methods (Smart Growth, New Urbanism, Healthy Communities) as focus for main study | iii) Involved 15 graduate planning students and 15 seniors from a retirement facility | iii) Interview and study visits |
|  | iv) Focused on attitudes towards new planning methods and their role in creating a community for one's entire life course | iv) Data analysis and interpretation (including data on innovative national/international age-friendly practices) |

Innovative projects and projects/concepts which had not yet found their way into the literature were of interest, as were those (i.e. WHO Age-Friendly Cities Project) that were well-known to researchers.

### 4.2.6  Sampling: Choosing the In-depth Study Sites

Since the main research study examined planning for impending demographics and age-friendly cities, essentially the same Interview Guide was used for all 52 key informants (see Appendix 2).

Some terms in the Interview Guide For National/International Key Informants were slightly changed to reflect the fact that data was usually being collected for an entire country or region versus a city but substantively, they were designed to collect very similar data. While the data from all 52 key respondents related to the same research themes (i.e. the preparedness of planners; response to demographic change, etc.), data collected from the national/international key informants demonstrating innovative examples of creating age-friendly urban form was also of particular interest. Thus, sampling had several dimensions. First, a purposive sample of countries had to be chosen; second, a sample of key informants within those countries had to be identified. Third, the sample of in-depth study cities had to be chosen, along with the key respondents within this universe. The following section describes the process used to select these samples.

### i) Choosing the Sample of Study Countries and National/International Key Informants

Bounding the collection of data is an important issue in qualitative studies and is further complicated when a national/international sample of key respondents must be chosen to explore a particular phenomenon. Sampling presented particular methodological challenges since the sampling frame (the eligible population from which the research sample is drawn) was all planners, researchers and other experts involved in age-friendly city research world-wide. Sampling was limited to countries whose economies were sufficiently developed to accommodate substantive support services for the elderly and where researchers could speak English.  The issue, therefore, was choosing a representative sample from this frame which avoided major sampling pitfalls. It was ultimately decided that non-probability sampling methods be used, specifically, the careful and strategic application of purposive sampling and snowball sampling.  While the methodological limitations of interviewing a small sample of key informants spread across the globe to find relevant and innovative examples of age-friendly urban form are obvious, it also became evident that the research community in this specialized discipline is fairly circumscribed. Erickson's (1986) funneling sampling sequence was used as a conceptual guide by working from the outside in towards the core of a setting (Erickson, 1986;

Miles and Huberman, 1984). Specifically, the process and sequence of 'funneling' and identifying the sample of countries and people were essentially as follows:

1. **Establishing Initial Contacts:** familiarity with the age-friendly research community began with making a presentation at the American Association of Geographers Annual Meeting in Boston in 2008. Here, an immediate and continuing connection was made with individuals from around the globe who were interested in the subject of planning for age-friendly cities;

2. **Networking in National and International Research Entities:** high level contacts were made in organizations such as the World Health Organization; International Federation of Aging; American Association of Homes and Services for the Aged; the International Association of Homes and Services for the Aged, the Ontario Association of Non-Profit Homes and Services For Seniors and other like organizations; this process identified an initial sample of well-known 'elite' researchers and practitioners recognized as leaders in the age-friendly cities area.[19] [20]

3. **Individual Follow-up With Senior Researchers in Age-Friendly Cities:** once this small elite sample of internationally respected researchers was identified, contact was made. Many eventually agreed to become key informants and they were then asked to help the author generate a list of countries and people who, in their view, should be included in the data set. Initial criteria established included geographical dimensions (i.e. one or more key respondents from North America; United Kingdom; Western Europe; Asia; Middle East/Israel; and Australia/New Zealand). Other criteria were ensuring the sample included variation (Lincoln and Guba, 1989), specifically this meant variation in the professions of the key informants (i.e. researchers; physicians; senior administrators in the aging field, etc.)

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[19] The Author's work as CEO of an organization which includes in its operation a large seniors' development was helpful in this aspect of the dissertation research. The author has belonged to and been active in some of the organizations named for many years and was able to use existing contacts and develop new ones during this process. Attendance at international conferences dealing with gerontology and aging research also was helpful.
[20] My thanks to Dr. John Hirdes of the University of Waterloo for making the very helpful suggestion that the dissertation should be placed in an international context by adding this phase of the research. This data made the dissertation much richer and more informative than it would have otherwise been.

and in the type of organization with whom they worked (universities; governments; non-profits; international bodies).

4. **Convergent Validation With each Respondent Interviewed:** as each key informant was interviewed, purposive and snowball sampling techniques continued until a core sample was identified. In many instances, for example, when the question was asked "Who should I talk to in the United Kingdom?" the same names were mentioned by different key informants. This ongoing practice of convergent validation seemed to increase construct validity.

5. **Interviews Completed With Key Respondents:** interviews with international key informants continued from February, 2009 to December, 2009. The author also attended international conferences on aging and engaged in a study tour of seniors' centres in Northern California during this period which allowed opportunities to identify additional informants for the study. In total, 18 formal interviews of international key informants were completed during this period.

### ii) Choosing the Sample of In-depth Study Sites and the Key Informants

As indicated above, other informants drawn from in-depth research focused on three medium-sized cities in Southern Ontario: Kitchener, Waterloo and Cambridge; as well as one medium-sized city in Northern Ontario, the City of Greater Sudbury. Medium-sized cities were chosen for the dissertation study in order to reduce complexity and the number of potentially spurious variables in the research, both of which may serve to reduce the transferability of the study's findings (Walliman, 2005; Palys and Atchison, 2008).[21][22]

The three study sites of Kitchener, Waterloo and Cambridge are located in a sub-region of Southern Ontario known as the Greater Golden Horseshoe (GGH). The Greater Golden

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[21] Another practical consideration related to reducing complexity is that in medium-sized cities such as the ones chosen for the study, planner key informants (often city employees) usually had knowledge of any major initiatives which related to creating age-friendly urban form.
[22] There are 84 medium-sized cities in Canada which are defined as having populations from 50,000 to 500,000 people (Statistics Canada, 2006) and there is substantive variance among them. For example, some such cities continue to experience significant economic and population growth while others must contend with a dynamic of little or no growth or even decline (Bunting and Filion, 2000).

Horseshoe is delineated in Ontario's *Places to Grow Act (2005)* as the most densely populated region in Ontario which is centred along the Western Lake Ontario shoreline and includes the counties and municipalities as far south as Lake Erie and as far north as Georgian Bay.[23]

Lincoln and Guba (1989) indicate that qualitative analysis, as a form of naturalistic inquiry, relies upon purposeful sampling which "is very different from conventional sampling. It is based on informational, not statistical, considerations. Its purpose is to maximize information, not facilitate generalization...conventional sampling methods cannot achieve the purposes for which purposive or theoretical sampling is the method of choice" (Lincoln and Guba, 1989, p.202). Robson (2002) asserts that "the principle of selection in purposive sampling is the researcher's judgment as to typicality or interest. A sample is built up which enables the researcher to satisfy her specific needs in a project" (Robson, 2002, p. 265).

The cities chosen for detailed study in both Southern Ontario and Northern Ontario fit the definition of purposive samples as described by Lincoln and Guba (1989) and Robson (2002). There are elements of Waterloo Region (the cities of Kitchener, Waterloo and Cambridge) which provide an ideal study environment for the subject of societal aging/demographics, such as a high level of planning sophistication in a multi-tiered government environment (e.g. the Region contains three city governments and one higher-tier Regional Government). The three cities have a significant seniors' population and a burgeoning number of facilities to house them, which provides a very well developed seniors' sector offering rich opportunities for study (see Lucas, 2002).[24] Other factors considered in choosing the three cities in the GGH included: demographic data analysis (high absolute number of seniors; proportion of seniors to the overall population near the Canadian average); some of the highest population growth rates in

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[23] These counties and municipalities include: Brant, Dufferin, Durham, Haldimand, Halton, Hamilton, Kawartha Lakes, Niagara, Peel, Peterborough, Simcoe, Toronto, Waterloo, Wellington and York.
[24] In addition to the study cities investigated above, interviews were also conducted in North Bay because some developers and experts did work across both the Sudbury and North Bay Regions. Similarly, with the Region of Waterloo study cities, some services such as the Local Health Integration Network (LHIN) which coordinates services across Waterloo and Wellington, were located in the City of Guelph (in the County of Wellington). Therefore, some interviews were conducted in Guelph. Carrying out supplemental key informant interviews in these alternate locations added depth, insight and a form of data triangulation which seemed to enhance the validity of the resulting data.

Ontario; a significant number of immigrants being attracted to the Region of Waterloo; the presence of developers wishing to attract more seniors back to the downtown core; ready accessibility to data and key respondents; and finally the researchers' personal familiarity with the three cities in the Regional Municipality of Waterloo, which provide advantages for carrying out qualitative research.

Northern Ontario, when contrasted with the GGH, seems in large measure, its opposite. In contrast to the Kitchener CMA's high growth rate, Greater Sudbury, after losing population from 1996 to 2001, experienced only slight growth of 1.7% in the period 2001 to 2006 (Caballero, 2008). While Northern Ontario contains 90% of Ontario's land mass (approximately 800,000 square kilometers), it has a population of only 786,500 (Bollman, Beshiri and Mitura, 2006). Most important from the point of view of this research is the fact that Northern Ontario communities are aging more rapidly than the rest of the Province and out-migration of youth amplifies this trend (Watson Associates, 2006). People aged 65 years and over now comprise 16% of the population of Greater Sudbury as compared to the provincial average of 13.6% and the national average of 13.7% (Statistics Canada, 2006).[25] With 16% of its population as seniors, Greater Sudbury's proportion of elderly is significantly higher than the other chosen study sites. It can probably be assumed that the Region of Greater Sudbury is by-and-large typical of others in small, slow-growth places. It should also be noted here that there is a relatively abundant body of research about vulnerable seniors in ecological settings that are remote, low density and hence apt to offer somewhat less favourable life outcomes in comparison to faster growing, more urbanized places (see Golant, 2003, Rowles, 1998; Coward and Krout, 1998). [26]

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[25] Statistics Canada reports that "between 1986 and 2004, Saguenay, Trois-Rivieres and Greater Sudbury were the three CMAs in which the share of the population comprised of seniors increased most with an increase of more than 5 percentage points" (Statistics Canada, 2008, p.17).

[26] Impending demographics and their effect on rural populations and less populated areas are acknowledged to be unique, significant and requiring further research. However, the parameters of this dissertation are such that this subject is outside the immediate scope of the research which concentrates on urban areas.

### iii) Choosing the Sample of Planners, Developers and Others in the Main Research Study

Given that bounding of data is important for later analysis and that qualitative researchers have to work with smaller, purposive samples versus the larger samples often found in quantitative studies (Robson, 2002), boundaries had to be set as regards to the sample chosen as key informants. Additional parameters were the time and means available to complete the research and to define who the key players were given the main research question. Specifically, the following process was used to define the final purposive sample of key informants:

1.  **Identification of players who could provide data relating to the research question:** planners (urban, social and health) were chosen as the main sample because of the direct connection to the main research question which asks how planning can help guide the development of age-friendly cities and communities. The next important group of key informants were seen to be those who are involved in 'planning' for seniors in a broader definition of the term but still significant. Developers were seen to fall into this category because they ultimately finance and build urban form. Social advocates/social planners were also an important group because they are engaged in specialized (social) planning for seniors which was seen as a crucial element in building age-friendly cities. Including informants other than urban planners allowed the developers and social planners/advocates to make two significant contributions. First, they contributed valuable data relating to the research questions. Second, when asked questions such as "How prepared do you think planners are for the challenges of impending demographic change?" they were able to offer views which often varied significantly from the planner key informants.[27] Miles and Huberman (1994) argue that in quantitative research peripheral sampling of close 'neighbors' (i.e. developers, social planners, advocates) to the main sample (i.e. urban planners) offers 'rewards' in respect to better understanding and perspective.

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[27] This method is described by Lincoln and Guba (1989) as maximum variation sampling which deliberately looks for negative instances or views which will be different from the rest of the sample.

2. **Identification of key informants in each study city and at each organization:** Erickson's (1986) funneling sampling sequence described earlier was also used in the study cities. In each city studied, informants were first chosen at the regional, city and community planning levels. Then 'elite' samples were chosen from across these sectors. Examples would include planners at the 'commissioner' level in a regional municipality; CEOs of Local Health Integration Networks which coordinate health planning across wide areas; and Directors of City Planning. In each city studied, to the extent possible, care was taken to interview the most senior planner(s) both in terms of formal authority and tenure, along with front-line planners. Some retired planners from the study cities were also included in the sample on a deliberate hunt for negative instances or extreme variation, since these individuals could speak freely and be more critical than those planners still employed.

3. **Identification of other important key informants:** during the data collection process, it became evident that gerontologists were important to include in the study. As a result, 15 key informants were included who had extensive training and experience in gerontology in their backgrounds. Many of these individuals fit under other categories (senior planners, health planners, CEOs).

4. **Interviews completed with benefit of time and familiarity:** since the key informants were interviewed over an eight month period, the author was able to return repeatedly to many settings. This increased familiarity with the research setting/players and also enhanced the researcher's ability to gauge the 'typicality' of the data received.


### 4.2.7  Research Instruments: Interviews and Interview Guides

**i)      Interviews**

Circumstances in which interviewing techniques are most appropriate include qualitative studies where the meaning of a particular phenomenon is to be explored (Robson, 2002; Walliman, 2005). As indicated, the main study consisted of 52 descriptive, open-ended, long-form interviews. The interviews were semi-structured so that there were pre-determined

questions set in an interview guide. In a semi-structured format, the order of questions can be changed, explanations can be given and probing can occur when deemed appropriate (Robson, 2002). While interviews were planned strategically (e.g. senior planning directors were often included, along with front-line planners) snowball sampling techniques were also used throughout the study. The usual sequence followed was to introduce the research and its aims, then proceed to the formalities required of professional researchers (e.g. obtaining permission to record data; informing the individual that their responses would be kept confidential; informing them that they could withdraw at any time). The interview technique followed was one suggested by Robson (2002) where easier, non-threatening questions were covered at the beginning of the interview to allow for a 'warm-up' period; then the main body of the interview is carried out, followed by a brief 'cool-off' period, and finally, closure and termination of the interview (Robson, 2002, p.277). Key informant Interviews in the study cities were mostly done in person while the majority of the national/international key informants were telephone interviews. The location of the interview was chosen by the key informant and (those interviews done in person) were usually done at their place of work.

**Table 4.2:     Summary of Interview Number and Type**

| Research Phase | Planners (urban, social and Health) | Developers | Seniors' Advocates | National and International Informants | Other (CEOs, Gerontologists, Academics) | (Number of Participants in Discussion Groups) | Total Interviews |
|---|---|---|---|---|---|---|---|
| **Initial Exploratory Study** | 5 | 1 | 2 | | 2 | | 10 |
| **Preliminary Study** | | | | | | 30* | |
| **Main Study- National and international Informants** | | | | 14 | | | 14 |
| **Main Study- study city informants** | 20 | 10 | 8 | | | | 38 |
| **Total** | 25 | 11 | 10 | 14 | 2 | | **62** |

*Note: Seniors and students in preliminary study discussion groups not included in Total.

**ii)      Interview Guides**

Specific interview guides were developed for planners, developers, seniors' advocates and national/international respondents. The interview guides all had a similar core set of questions, yet they were also designed to take advantage of each group of key informant's specialized knowledge. For example, the interview guide for planners was designed to elicit more detailed data on the planning profession itself while the interview guide for developers concentrated on whether impending demographics was influencing the types of housing products they were building. While designing the interview guides, Robson's (2002) check list of problems to avoid was used. Namely, this involved developing questions that were:  brief, easy to understand, not 'double-barreled' (i.e. ask two questions at once) and neutral (see Robson, 2002, p.25). A pre-test in the neighbouring city of Guelph was also conducted to test the questions in the Interview Guides.

The interview guides were developed over time (with the benefit of the Initial studies) and were further fleshed out during pre-testing. The interview guide questions were carefully constructed to relate directly to and draw out the key themes from the main research questions and sub-questions (see Appendix 2 for Interview Guides):

➢ *The preparedness of planners in creating age-friendly form*
➢ *The planning response and whether it is reactive and pro-active*
➢ *How planners can (specifically) develop age-friendly form*
➢ *The potential to combine research and knowledge in planning and gerontology*
➢ *The potential of the newer planning  methods to play a role in responding to societal aging*
➢ *The potential for congruence between planning's response to societal aging and the environmental agenda*

A protocol was also developed to ensure the process was consistent and the interview guides administered in a uniform manner.[28]

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[28] The protocol included the following: an appointment was made through a department head or senior official; permission was asked to digitally record the session and consent forms signed off; the Interview Guide questions were asked; the formal part of the interview was concluded and closing comments made. It should also be noted that probing regarding specifics that did not neatly fall out of the interviews also took place and these probes appear on the Interview Guides (see Appendix 2).

### 4.2.8   Quality in Research Design, Methods and Analysis

Quality is an important consideration throughout a research study, particularly in the areas of design, methodology and data analysis. Kidder (1981) and Yin (2003) have identified four tests of quality applicable to qualitative research. These tests of research design and quality centre around the concepts of construct validity; internal validity; external validity (transferability) and reliability. Table 4.3 outlines these concepts and addresses how they were addressed in the dissertation research undertaken.

A related research quality issue deserving attention is the concept of triangulation.  In qualitative research, "Triangulation is typically a strategy (test) for improving the validity and reliability of research or evaluation of findings" which involves using several data sources to provide multiple perceptions of a given phenomenon (Golafshani, 2003, p.603). In the current study, the primary research carried out to explore the phenomena of age-friendly cities involved multiple interviews with planners and other key informants; however, triangulation methods were also utilized to bolster validity and reliability in the data collection process. For example, interviews were conducted with national and international academics and experts (e.g. from the World Health Organization, governmental bodies, think tanks, seniors organizations such as the International Federation of Aging) with extensive experience in researching age-friendly cities. Many had completed primary and secondary research around the globe or in specific countries which touched on some issues that were closely related to those being explored by the current study.  Interviews were carried out with informants in different countries at different times, who were often unaware of each other's work.  The benefits to using such triangulation methods to enhance the validity and reliability of the study emerged when related ideas, concepts, explanations and conclusions began to emerge from the data, despite significant differences in time, place and the experience and knowledge of individual researchers (see Palys & Atchison, 2008; Yin, 2003).  Triangulation methods were also considered when designing the methodology for interviewing key informants. While an important focus of the study was urban planners, social and health planners were also included as were developers and seniors' advocates. As data were collected and important themes

emerged, one group's perceptions were checked against another's. The generalizations drawn from the data at various stages, therefore, was triangulated and tested from a variety of perspectives while it was being collected which served to enhance the depth and richness of the study. Using multiple data collection methods- such as interviews, discussion groups (in the preliminary study), literature searches and site visits/visual surveys (initial exploratory study and main study)- is also a method of triangulation which may serve to enhance validity and reliability (Golafshani, 2003; Yin, 2003; Patton, 2001). Finally, the insights offered through the researcher's own long experience in seniors' services as a developer, chief executive officer and volunteer Board member also played a role in the triangulation process.

**Table 4.3: Quality in Research: The Four Tests**

| Tests of Design | Operational Definitions | Application in Dissertation Research |
|---|---|---|
| **Construct Validity** (Kidder & Judd, 1986; Yin, 2003) | Extent to which the correct operational measure has been identified given concept being studied (Yin, 2003; Denzin & Lincoln, 2000) | An exploratory study and a preliminary study were used to develop and test constructs<br><br>Multiple date collection methods utilized across diverse geographical area: primary research, literature searches, triangulation with different respondents (planners, developers, advocates)<br><br>Researcher credibility: through doctoral research training and extensive experience in developing and operating seniors' facilities<br><br>National and international field studies/visual surveys |
| **Internal Validity** (Kidder & Judd, 1986; Yin, 2003; Denzin & Lincoln, 2000) | Extent to which certain conditions are believed to lead to other conditions (causality) as distinguished from spurious variables (Yin, 2003; Denzin & Lincoln, 2000) | Detailed description of research findings in different cities across North America<br><br>Key informants from various global regions provided primary data |

| | | |
|---|---|---|
| **External Validity** (Generalizability) (Yin, 2003) | Extent of the legitimate generalizability of research results (Paly & Atchison, 2008; Yin, 2003) | While generalizability was not the focus of the study, research findings provide a conceptual model which allows practice to be informed in other jurisdictions |
| **Reliability** (Yin, 2003) | Consistency of findings, "whether of the same phenomenon over time or of judgments about the same phenomenon across different observers" (Palys & Atchison, 2008) | A logical chain established between research process and findings/recommendations<br><br>The research process and resulting findings includes detailed documentation and descriptions |

**Source:    Adapted from Yin, 2003; Kidder and Judd, 1986; Hoernig, 2006)**

### 4.2.9   Data Analysis Process

Interviews were digitally recorded and later transcribed. Exceptions were the discussion groups in the preliminary study where PhD students took detailed notes of the group discussions and a small number of elite interviews of very senior officials in the main study where detailed notes were taken and then a full transcription made immediately following the interview. During the collection of the primary data, key respondents offered many types of documents; often, these were municipal studies, research reports from academic institutions and other like documentation. Notes were taken from these documents and where material was directly used, a citation appears in the references.  Bryman and Burgess (1994) observe that in analyzing qualitative data, two processes are of particular relevance:  identifying concepts and theory and the production of typologies and taxonomies. Miles and Huberman (1994) go on to describe further concurrent flows of activity relating to quantitative analysis which are data coding, data reduction, data display, drawing conclusions and then verifying the validity of the conclusions drawn (Miles and Huberman, 1994).  Loftland and Loftland (2006) argue that central to the analysis of qualitative data is coding and the practice of documenting 'data

memos.'[29] It "is this practice that imparts meaning to the data and, in fact, defines what the data are all about" (Loftland and Loftland, 2006, p.200).

In the dissertation study, coding took two forms: open-coding (also referred to as initial coding) and focused coding. During the process of open coding, the data is condensed and organized into categories relevant to the main research themes (Strauss and Corbin, 1990). Typical questions asked during the process of open coding are "What does this piece of data represent?" (Strauss and Corbin, 1990, p.63) and "What is going on and what is this an example of?" (Charmaz, 2001, p.681)

Each interview transcript and any field notes taken were open-coded over several months and grouped according to research themes identified as integral to investigating the research problem.[30] During this process, key words, sentences, quotations and concepts were drawn from the data and manually coded with tags. Over time, as sub-themes began to emerge from these data, the process of focused coding began which allowed these sub-themes to be clustered with the research questions. These key pieces of data were then grouped into overall thematic concepts which formed the framework of the data analysis section of the dissertation.

### 4.2.10  Study Limitations

While much care was taken during the dissertation study to ensure that generally accepted practices which ensure quality in research were followed, this fact notwithstanding, the relatively small number of key informants (n=62, including 10 in the initial exploratory study), purposive sampling and partial triangulation may have limited reliability, validity and transferability. It could thus be argued that 62 respondents out of a universe of thousands of practicing planners, developers and advocates is not a representative sample. Additionally,

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[29]Miles and Huberman (1994) define data memos as the writing up of ideas during the interviewing and coding process. Memos deal with the researcher's insights during these processes and are usually conceptual in nature; further, "they don't just report data, they tie together different pieces of data into a recognizeable cluster, often to show that those data are instances of a general concept" (Miles and Huberman, 1994, p.70).
[30] For example, after a number of planners and developers had been interviewed, the notion that seniors such as empty nesters and young urban professional without dependents seemed to be migrating into successful downtowns started to take form. These observations were initially recorded as data memos and then the observations were probed in further interviews.

non-probability sampling methods were used to select key informants. While these methodological issues are endemic to a good deal of research in the social sciences, they are problematic when attempting to generalize findings (Loftland *et al.,* 2006; Robson, 2002). One of the methods used to enhance data quality from the sample chosen (see Table 4.3 for others) was to interview key informants in each category until saturation was reached (i.e. where interviewing more informants was yielding less and less useful data). Another was to make repeated visits to the field while completing the research intermittently over a period of approximately two years (including initial pilot studies). In between visits, interviews were transcribed, the data were analyzed and research memos were documented outlining insights and concepts. Robson (2002) describes this process as *dialogic* and in the *hermeutic* tradition and one that is expected in carrying out high quality qualitative research (Robson, 2002, p.192).

Triangulation as a mode of improving the probability that findings will be credible is widely accepted in the social sciences. Denzin (1978) identifies four types: the use of multiple/different sources, methods, investigators and theories. Data sources were primarily semi-structured interviews, however, this method was supplemented with group interviews and various field visits/visual surveys.  The use of various theories or models from planning and gerontology (e.g. Smart Growth, Healthy Cities, Sustainable Development, P/E Theory, Life Course Perspective) in interpreting the findings was also a form of triangulation. However, methodological triangulation where multiple methods are used to study a problem was not possible, nor was using several different researchers.  Using these latter two types of triangulation could have helped validate the themes and concepts emerging from the research, however, this was not feasible due to lack of resources. The only exception was in the preliminary study where a planning professor and two PhD students helped collect, interpret and document the findings.

Finally, more elaborate tests such as negative case analysis where all 'outliers' and exceptions are eliminated by continually revising the hypothesis until the 'fit' is perfect (see Kidder, 1981; Lincoln and Guba, 1989) were not done. To enhance the chain of evidence, however, interviews and memos were transcribed punctually after each interview. Moreover, initial statements and observations regarding important phenomenon were documented, and as further versions and

iterations of the phenomenon emerged, data displays and diagrams were carefully documented which also served to enhance the chain of evidence.

## 4.2.11 Research Ethics

The research completed was approved by the University of Waterloo Office of Research Ethics (ORE) following the guidelines established by the Tri-Council Policy Statement; the Tri-Council comprises the Canadian Institutes of Health Research, Natural Sciences and Engineering Council of Canada and Social Sciences and Humanities Research Council of Canada.

## 4.3 PRELIMINARY DATA ANALYSIS: An Exploratory Study, a Preliminary Study and the Identification of Important Issues in Planning for Seniors

### 4.3.1 Exploratory Study: Setting the Context for the Dissertation Research

The exploratory study was an initial set of interviews with the objective of defining major issues in the area of seniors' services and gaining further insight into how these related to the dissertation topic. The research focused more narrowly on housing and neighbourhoods as an entry point to the broader topic. Ten interviews were carried out in the Greater Golden Horseshoe (GGH) area of Southern Ontario, mostly with leaders in the area of seniors' services and/or planning. The key respondents represented a purposive sample of individuals who were known, by their past achievements and reputations, to be among the leading thinkers in the sector. The key respondents were identified by consulting with groups such as the Ontario Association of Non-Profit Homes and Services for Seniors, members of the academic and research community and other professionals (gerontologists) in the field of aging. The final list of key respondents included: a Chief Executive Officer of an Alzheimer's Society; the Chief Executive Officer of a large, multi-level care seniors' development; a social planner with senior-level responsibility for a large regional municipality; a policy planner for a medium-sized city in the GGH; three advocates in the area of seniors' services; an architect/planner with experience in city government and in private practice; a national/international researcher in gerontology/geriatrics; and a seniors' housing development consultant operating nationally

(n=10). These individuals were led through an Interview Guide which began with asking them to identify major issues in the seniors' sector, and then moved to more detailed questions concentrating on planning for seniors' housing. Both the location of seniors' housing and the relative importance of the related key factors which seniors might view as significant (demographics, distance to city core, neighbourhood type, access to transportation, quality of surrounding land/natural resources, access to amenities/medical/shopping facilities, crime and public safety, etc.) were investigated.

### 4.3.2   Findings: Early Identification of the Major Issues in Planning for Seniors

**Table 4.4:       Major Emergent Findings:  Exploratory Study**

| Major Issues/Themes Identified in the Exploratory Study | Data Excerpts |
|---|---|
| **Total Interviews - n=10**<br><br><br>**Changing Demographics is 'the' key issue**<br><br>(n=7)<br><br><br><br><br><br><br><br>**Developing age-friendly cities by adapting cities to aging-in-place (the desire of people to stay in their communities) is important and will become more so in future** | "The coming demographics will be unlike any we have seen previously" (PLT-KR-01)<br><br>"Demographics will force us to look at urban issues in a way we have never done so before" (PLT-KR-02)<br><br>"…the key is planning for the future aging of the baby boomers" (PLT-KR-08)<br><br>"…[based] on our own research [a large regional municipality in the GGH], key features  for seniors' facilities are **also the primary features of an elderly-friendly community** which are transportation, affordable housing, housing alternatives, having strong -serving organizations within proximity so that health care and social services are available. It could [also] be social activity, recreational activity, cultural activity. You'd want to know there was proximity to these either *in situ* or access to. You'd want to know, given the age group, the location of religious organizations or churches, to ensure spiritual needs are met as well" (PLT-KR-04)<br><br>"I am always amazed at the amount of people who want to stay in their own communities. To pull them out is to pull out all the networks they have taken a life time to build up there" (PLT-KR-08)<br><br>"Much of our work is focused on helping people age where they are, where all of their social networks are. This is one of the keys to their continued health" (PLT-KR-06)<br><br>'I think diversity of land use is definitely a critical consideration...as an overarching |

| | |
|---|---|
| (n=9) | theme…when you start to look at what is the actual flow of how we live functionally, it comes back to this diversity of use. I think we do really need to look more at the natural groupings of uses based on the routines of how we actually live and the life cycle" (PLT-KR-08) |
| **Land use issues (density, mixed use, intensification, mobility and transportation) are crucial to adapting to changing demographics**<br><br>(n=6) | "we have suburbanized the elderly, the only way they can get what they need is to get into a car, what happens when they can't drive anymore? We have to rethink the way we plan"(PLT-KR-09)<br><br>"…we generally plan for mixed use that fits. We don't necessarily plan for neighbourhoods that are unidimensional, that only have single dwellings, they also must have mixed use. There would be a commercial centre so I think there is a fit and an opportunity for changing demographics and location of a seniors' centre" (PLT-KR-01)<br><br>"We know that in terms of the Regional Growth Strategy and the Provincial policy statement [*Places to Grow Act*] the planning we are doing [means] that densities will increase. We will be required to increase our densities, particularly in the urban cores" (PLT-KR-04) |
| **Segregation versus integration of the elderly**<br><br>(n=9) | "Although we do have gated communities, I don't think that would be the ideal way to go…when we look at the literature and understand about aging-in-place, it's talking about livable communities…we are talking about livability, so if you are secluding yourself, I think it compounds what is already there - a potential for seniors to become isolated. Integration is probably the better approach" (PLT-KR-04)<br><br>"…as a policy planner, I would recommend that you do integrate with your existing neighbourhood, and that you do locate close to things seniors would naturally want to use, like a walking trail with benches so that they could sit down, a coffee shop so they could get out and have a coffee, so that they could have a view of something other than a parking lot…I think it's beneficial for seniors" (PLT-KR-02).<br><br>"The last thing I want to do is have to develop this [seniors' facility] on a green field site on the fringe of a municipality, where no one lives… I like to see these types of facilities located in the community close to where people have lived [in the past], close to their [former] neighbourhoods as much as possible" (PLT-KR-01) |
| **Migration to the downtown city core**<br><br>(n=1) | "…we would probably envision that there would be a greater number of seniors who would migrate to the urban core for a number of different reasons. One is proximity to a central corridor or to a transportation route that would allow mobility. So, when you no longer drive a car or can afford a car, at least you have access and you're still mobile" (PLT-KR-04) |

### 4.3.3 Discussion:  Major Themes and Their Relevance to the Dissertation Research

During the exploratory data collection stage, it became evident early on that the major and pressing issues in the field of seniors' services included topic areas such as: changing demographics  (particularly aging of the baby boomers); the desire for people to age-in-place; segregation versus integration of older adults;  developing age-friendly cities;  and related land-use matters. Retrospectively, an examination of the findings summarized in Table 4.4 reveals that the salient (albeit rudimentary) themes which later helped form the key research themes of the main study were clearly evident in the early exploratory work carried out in 2007. Perhaps this is not surprising given that the key informants were mostly senior-level officials, some of whom had spent decades in the field and were involved in activities in the seniors' sector which spanned the provincial and even national/international stage, both in their professional work and in related duties (e.g. serving on the boards of directors of seniors' or planning organizations) which provided them ample opportunity to think deeply about issues pertinent to older adults and how to plan for their current and future care.

The first issue identified by these 'elite' key respondents was that of demographics and societal aging. Land use issues, including the need/desirability of mixed-use development; the importance of transportation/mobility issues; and the fairly recent implementation of the Smart Growth legislation (Places to Grow Act, 2005) in the Greater Golden Horseshoe were also prominent themes in the data. An important topic explored in the Interview Guide was the issue of where to locate larger seniors' developments containing integrated, multiple levels of care (e.g. independent living suites, assisted living and nursing home care).  These developments, particularly in the U.S., are referred to as Continuing Care Retirement Communities (CCRCs).  In exploring the dynamics with key respondents regarding how to determine the most appropriate and 'healthy' locations for such seniors' facilities, a number of themes began to emerge. Retrospectively, during the data analysis phase, it became evident that the location issue was, at least in part, a proxy for the larger, more germane debate regarding how cities will ultimately adapt to societal aging.

The purpose of early exploratory research is to enable the investigator to better understand the topic being studied and identify major issues. While this is a planful process, 'serendipity' can also change the course of one's work (see Adams and Schvaneveldt, 1985). So it was during the initial exploratory study. One of the key informants reframed the issue of demographics and its impact on land use by using the term 'elderly-friendly cities' (see Table 4.4).  Re-examining the findings two years later (2009), along with the benefit of hindsight, it became clear that this interview was a significant turning point in the dissertation research. While the location of seniors' facilities may be a cause worthy of dissertation research, the comments made by the key respondent referred to above had the powerful effect of reframing the issues being examined and moving the work in a related but significantly different direction.  The term 'elderly-friendly' seemed at the time (2007) to capture the very essence of the significant issues regarding how changing demographics would force cities to adapt to a very different future reality. Subsequent discussions with another key respondent during the same exploratory study then led the author to WHO's *Global Age-Friendly Cities Project,* and, as a result, the direction of the research began to shift. When the data were later re-examined, it became evident that issues which stood out in the preliminary interviews- intensification, mixed-use, mobility and adaptive re-use- were essentially about Smart Growth and the newer planning methods. This then underscored Smart Growth's importance in planning for impending demographics, alongside the related issue of congruence with the environmental agenda. Thus, all of the future major building blocks of the (later) dissertation research began to come into focus during the initial exploratory study. As Smart Growth and changing demographics were further explored, Howe's (2001) seminal insights in this area were reviewed and this, in turn, later led to formulating the main research question for the preliminary study.

It quickly became evident that the aspects of the initial exploratory study which related specifically to the factors influencing locating large seniors' developments such as Continuing Care Retirement Communities were secondary to the macro issues identified for further study. However, the details of these data and the implications of the findings are presented in Appendix 3.

### 4.3.4  Limitations and Conclusions

In summary, this phase of the dissertation research was, in the main, true exploratory research. The researcher entered the process with a fairly "open agenda," allowing the "data to speak" (Adams and Schvaneveldt, 1985, p.106). The mini-study was entered into with a design that allowed for contextual questions to be explored, in the hope that important issues would surface with respect to carrying out doctoral-level research on planning for older adults. With only 10 key respondents, however, the limitations of the study are obvious. While care was taken to select a purposive sample of well- informed key respondents with standing in their respective fields, the sample was nevertheless small; too small to demonstrate any significant degree of reliability or validity. In spite of these methodological difficulties, however, the exploratory research led to good introductory insights. In the end, the initial exploratory study achieved the objective to which exploratory studies aspire: it helped frame and define the most pressing issues in the field, ultimately clarifying and focusing the dissertation research questions which were later pursued.

### 4.3.5  A Preliminary Study:  Examining the Newer Planning Models and Their Relevance To Older Adults[31]

As a result of the exploratory study findings, it was determined that the dissertation research should become more focused on the issues of changing demographics (particularly societal aging) and the relationship between this phenomenon and the newer planning models such as Smart Growth, New Urbanism, Sustainable Development and Healthy Cities. A better understanding of how these newer models (particularly Smart Growth) could help planners deal with impending demographics made this phase of the research especially relevant.

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[31] The author would like to express his sincere thanks and appreciation to Dr. Murray Haight, the then Director of the School of Planning at the University of Waterloo and doctoral students Nino Antadze, Moshin Farooque and Jeffrey Squire. These individuals worked with Dr. Haight and the author to design the study, facilitate the focus groups and analyze and document our findings. Most of the written results and findings reported herein were also presented as a submission to a conference in April,  2007 on Healthy Communities held at the University of Waterloo, Ontario.

The idea for the preliminary study originated in a literature review which examined the work of Howe, Chapman and Baggett (1994); Howe (2001); and Freshley (2001), all of whom have written on the relevance of Smart Growth as a tool to help deal with societal aging. Howe (2001) cites the case of St. Louis Park, Minnesota, a post World War II suburb adjacent to Minneapolis, which was quite unprepared at the time to deal effectively with its large aging population.  St. Louis Park seemed to have many of the problems endemic to dispersed suburban form and the immediate issue of concern was that as elderly residents became more debilitated and unable to drive, they would have to move to another city. It was the City's response to these challenges that caught the author's attention. Elderly residents, along with city planners, the business community, social service agencies, the hospital, the school boards and others came together in a visioning exercise in 1994. The main purpose of the visioning exercise was to create "a community so special that people will consciously choose to make St. Louis Park their life-long home" (see Howe, 2001, p.7). In the ensuing years, the City of St. Louis Park implemented many of the recommendations of the visioning exercise and from this emerged a town centre that contained a number of (assisted) living arrangements for older residents, a medical campus downtown, a community recreation centre nearby, as well as employment and retail services in the core (Howe, 2001). Thus, the City of St. Louis Park began its transformation from a largely suburban form to one which ultimately became much more age-friendly.

The relevance of the St. Louis Park story represented the transformational power of a well-thought out question put to a motivated, informed and diverse grass roots group, namely, "How would you create a community in which you would like to live for the rest of your life?" In the fall of 2007, a group of doctoral students (including the author) and a professor of planning at the University of Waterloo School of Planning, decided to use the aforementioned question to explore the views and perceptions of both seniors and planning students in regard to creating urban form which is more age-friendly.

### 4.3.6  Study Overview

As indicated earlier, 30 individuals were brought together in Waterloo, Ontario. Participants included fifteen (15) seniors, most of whom had lived in Waterloo for most of their lives, as well as fifteen (15) graduate planning students from the School of Planning at the University of Waterloo. The workshop was held on November 23, 2007 at a seniors' development near downtown Waterloo called Luther Village on the Park.

The study focused on the new planning models and exploring whether or not the concepts contained in these approaches had relevance to a group of seniors and student planners.[32] Making use of the question referred to in Howe's (2001) research, **(*"How would you create a community in which you would like to live for the rest of your life?"*)** as an entry point with participants arranged in focus groups, the study explored the following questions/constructs:

a) While Smart Growth and Healthy Communities essentially present a new vision of urban form, does this new vision have any relevance to seniors and planning students?
b) How do their views regarding the type of city they wish to live in for the rest of their lives relate to the new planning initiatives?
c) How do we create Healthy and Sustainable Communities that will be appealing to older residents (seniors) yet also attract new residents?
d) What views do these two groups have about the type of city they wish to live in for the rest of their lives?

### 4.3.7  Findings

In order to avoid influencing the discussion, the terms 'Smart Growth,' 'Healthy Communities' and 'Sustainable Communities' were not used by the researchers. For organizational purposes, focus groups were divided into three subject areas: infrastructure/transportation; urban

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[32] Smart Growth was particularly relevant to this study since the *Places to Grow Act* had been enacted in Southern Ontario's Greater Golden Horseshoe a few years earlier in 2005. Also, Healthy Communities, another planning model, been taken up for some years by the Ontario Professional Planners Institute and this approach was also seen as applicable.

design/built environment and social cohesion/engagement.  The findings from the focus groups

have been condensed and presented in Table 4.5 below:

**Table 4.5:**     **Findings From Preliminary Study- Plenary and Focus Group Discussions**

| *Main Research Question: How would you create a community in which you would like to live for the rest of your life?* |
|---|
| Results From Plenary Sessions (2)<br>Total n=30<br>**Important elements of such a community:**<br><br>Should be comfortable for people of all ages and backgrounds<br>Ensure good transportation system for seniors and children<br>Ensure strong, walkable downtown core with accessible interest points<br>Have regard for the natural environment and air quality<br>Provide opportunities for informal interaction in the neighbourhood<br>Ensure live/work proximity and balance; appropriate local work opportunities<br>Provide multicultural interaction and sense of community, including culturally-themed activities<br>Encourage stability within the family and support families in crisis<br>Ensure good housing/neighbourhood design to encourage outward interaction |
| **Focus Group Data on Urban Design/Built Environment:**<br><br>Transportation a key issue<br>Necessary destinations (work, school) as well as desirable destinations (parks, amenities) should be accessible, preferably without driving<br>Ideal community should be user friendly for pedestrians<br>Link between built environment and adverse human health effects<br>Well designed and diverse types of housing should be available to various age-groups<br>Appropriate mix of private and public space necessary<br>Recreational opportunities are important<br>Diversity of housing, amenities and landscape important<br>Safety is an important factor<br>More natural environment areas desirable |
| **Focus Group Data on Infrastructure/Transportation:**<br>Development of infrastructure and transportation systems:<br>Unhindered access to transportation services at all times, need for easy access to places<br>Convenient public transit that serves points of interest<br>Effective transportation systems which would save much time and travel<br>A link between dependency on automobiles, human disease and ill health and environmental degradation<br>Spend more time walking and less time driving |

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|---|
| Linkage between above and factors such as level of 'neighborliness' and perception of a healthier physical environment |
| Air pollution an issue |
| **Focus Group Data on Social Cohesion/Engagement in Civil Society:** |
| Integration of individuals into society: |
| Inclusion should be evident at the macro (community-wide) level, through participatory governance in urban affairs but also on a more micro scale such as in one's own neighbourhood |
| Respect for each other seen as very important and respect for differences (diversity) also key |
| Encouragement of (increased) interaction within the community |
| Intergenerational socialization and interaction important |

**Source: Data and analysis from Healthy Communities study (Haight, , Antadze, Colangeli, Farooque and Squire, 2007)**

### 4.3.8 Discussion

As study participants discussed the main question, two simultaneous discussions seemed to be taking place. One discussion focused on the concept of the 'ideal community' which was essentially a construct in the mind of each study participant. Another level of discussion centred around the neighbourhood or city where each participant had lived. Many of the older adults seemed to focus on the City of Waterloo (both past and present) since this is where they had spent most of their lives. As these study participants reminisced about the state of the city during the pre-WW II boom years, they described a healthy and vibrant downtown, with residents walking there to shop and socialize. The graduate students, not surprisingly, spoke primarily in the present tense about Waterloo. The variety in participant ages, the multiple levels of discussion (actual versus ideal) and the differences in background all seemed to have the effect of stimulating the focus group discussions which contributed significantly to the richness of results.

**i) The Urban Design/Built Environment Focus Group:** Northridge et al (2003) observe that "current urban planning literature fails to take into account the distribution of health determinants within and across social groups" (Northridge et al, 2003, p.566). The researchers then argue that the historic link between public health and urban planning should once again be re-established and strengthened. This theme is consistent with the concepts contained in Healthy Cities, which seek to combine the research efforts and knowledge dimensions of both planning and public health. While the focus group participants did not use planning terms such

as Healthy Cities, the link between the built environment and adverse human health effects was very much top-of-mind for them. Study participants made important connections between walkability and important work/play destinations (see Table 4.5). Participants spoke about unsustainable, single-use suburban development and the need for a better developed and walkable downtown core. The discussion in the focus groups integrated the urban design/built environmental issues with important concepts in the areas of transportation and social cohesion/planning. For example, participants expressed the view that an ideal community should contain well-designed and diverse housing options for mixed age groups and a variety of socio-economic backgrounds. Destinations such as work, school, parks and cultural amenities should be accessible, preferably walkable. An appropriate and healthy mix of private and public space was discussed, with particular attention paid to ensuring more natural areas are available for walking, hiking and other activities allowing for exercise. The relationships between the urban environment and its impact on physical activity, body mass and general health are an area of significant current research (see Ewing, 2003; Frank et al, 2004; Frumpkin, 2002). Yet, many of the older adult participants in the focus groups seemed to understand these relationships intuitively as a matter of common sense. For example, these individuals expressed the view that if important locations could be placed closer together in a city, particularly in the downtown core, then traffic congestion would decrease as city residents would be more likely to walk to destinations they deemed important and that this dynamic would contribute to better general health. Thus, the participants' view of certain important aspects of a 'healthy city' seemed to coincide with those found in the literature.

Worth noting is the congruence of these findings with current planning research, particularly with respect to the newer planning methods. Heterogeneous land use planning and zoning are the tools required to achieve the urban form described by the focus groups above. Research in Smart Growth and Healthy Communities both focus on reduced automobile dependence and reducing sprawl as important strategies for creating healthier cities (Northridge et al, 2003, Litman, 2007). With the advent of Smart Growth and the trend towards complementary land uses, there is again a resurgence of interest in using heterogeneous zoning as an important tool in creating healthier and more age-friendly cities.

**ii)        The Infrastructure/Transportation Focus Group:** focus group participants (student planners and older adults) seemed to place much emphasis on unimpeded access to transportation and convenient public transit serving important points of interest (see Table 4.5). The older adults focused on access to recreation, leisure activities, amenities and points of interest while the students seemed to view proximity/access between school, shopping and affordable living arrangements as most important.  A common theme among both age groups was the importance of proximity and the concomitant necessity of changing existing and future urban form in a manner which would encourage more walking and less driving. Later in the dissertation research, a (planner) key respondent indicated that the newer planning methods are attempting to re-establish the balance in cities between proximity and economies of scale. In an auto dependent environment, people's expectations are such that driving for one's daily needs (work, groceries, recreation) are a given, an unavoidable necessity.  Thus, economies of scale become one of the dominant determinants of urban form, with large-format shopping centres ('big-box' stores) as the most obvious examples. However, with the onset of advanced age and eventual diminished cognitive and physical function, driving can no longer can be taken for granted.  At this point, proximity (rather than economies of scale) will be seen as the more important dimension of urban form.  Once again, the participants in the focus groups seemed to understand these dynamics on an intuitive level.  In fact, some degree of aversion or distaste in respect to automobile dependence emerged as a common theme among focus group participants. Participants seemed to agree that their ideal community would be (better) designed so that proximity would be more important than economies of scale and various forms of transit and accessibility would thus be integrated into the planning to make this dynamic possible.

Ewing (2003) argues that "there is relatively strong evidence of association between metropolitan development patterns and use of active travel modes such as walking and transit, and between neighbourhood design and active travel modes. Whether the environment is actually determining travel choices, how the environment relates to overall physical activity and how the environment affects downstream weight and health issues remain issues for further research" (Ewing, 2003, pp.74-75). Notions such as Ewing's (2003) are congruent with some of

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the main tenets of the Healthy Communities movement. Again, focus group participants readily made connections between the dynamics of less car dependency on the one hand and potential beneficial health effects on the other; in their discussions, focus group members indicated that a less car dependent culture may be associated with other factors such as greater levels of neighborliness. Older participants fondly recalled the pre-WW II era in Waterloo, prior to extensive suburbanization and auto-dependency.  At that time, the older adults indicated, features such as walkability, community engagement and proximity between work and home were part of the urban fabric. Thus, it is interesting, if somewhat ironic, that approaches such as Healthy Communities and Smart Growth are attempting to recreate these very same features which were later lost during the post-war years.

While the older focus group participants had come of age during the post-war era, they nonetheless indicated that the way of the past need not necessarily be the way of the future in respect to the spatial distribution of people, their activities and the transportation system enabling such activities. Perhaps the older adult focus group participants held these views because many remembered the pre-WW II era where auto-dependency was less pronounced and their (self-reported) feelings of community engagement and support were stronger. The younger graduate students meanwhile (who had undoubtedly studied these concepts in their academic work), seemed to also understand the negative effects the car and suburbanization had had on community engagement and community building.

iii)     **The Social Cohesion/Engagement in Civil Society Focus Group:** the social domain, more formally referred to as civil society, is a crucial and important element in creating urban form. Friedmann (1987) refers to civil society as "conduct in conformity with the moral norms agreed to in assembly" (Friedmann, 1987, p.339).  Civil society is the place where individual members of society are supported and integrated into their neighbourhoods and communities. The focus group participants seemed to have strong feeling regarding civil society and community integration. The overarching themes they expressed had to do with the principles of respect, diversity and inclusion.

Participants believed that the ideal community should be adept at integrating individuals. As indicated in Table 4.5, two levels of abstraction were evident in this discussion. Firstly, inclusion and integration should happen at the macro level; that is, on a community-wide basis. This sphere was seen to include such concepts as participating in urban affairs or city-wide committees and activities. Secondly, participants viewed inclusion and integration as also being important at the micro level of one's own neighbourhood. Here, concepts such as caring for each other and welcoming newcomers were seen as crucial elements of an ideal, healthy community. Examples given included helping neighbors with instrumental tasks like snow shoveling and garbage collection. Social activities such as holding neighbourhood events and welcoming newcomers were also mentioned and seen as important.

The overarching theme of respect for each other and for cultural and ethnic differences were also brought up by all ages in the focus group discussions.  The City of Waterloo, home to two universities and many high technology companies, all of which act as a significant draw for highly skilled knowledge workers from around the globe, has a diverse ethnic mix in its population. Most participants viewed this dynamic as a community asset and expressed the related idea that ways and means should be found to welcome newcomers and to help strengthen connections between them and existing residents. Perhaps this feeling was best expressed by an older resident who stated:

 "A community develops gradually…people living, mixing with one another, it takes time to develop, people must learn about one another and develop common opinions and attitudes about their society. Gradually, they develop a feeling of pride." (Older Adult Focus Group Participant- Social Cohesion/Engagement in Civil Society Focus Group).

Another important theme discussed during the focus groups was the relationship between the concepts of inclusion/ engagement in civil society and good urban design.  The ideal community was seen as one where harmony and congruence were encouraged between the spatial, built environment and that which is socially constructed. The participants believed that in their ideal community, inclusivity should trump exclusivity and safety should overcome fear.  Design elements such as common court yards in multi-unit residential buildings were suggested,  as

were other spatial elements in private and public spaces which would encourage mixing, particularly intergenerational contact.

### 4.3.9   Limitations and Summary

While sample size was a limitation in the preliminary study methodology, overall, the focus group methodology and well-informed participants nevertheless yielded a level of knowledge and a set of insights which were notable. When the main findings are summarized, some interesting insights emerge. The concepts which undergird Smart Growth and Healthy Cities as planning methods and public policy tools are of significant import because they have the potential to affect how people will live in and experience cities in the future. Thus, one hopes that there is congruency, or at least some level of understanding and acceptance, between the vision presented by the new planning methods and citizen's perceptions. The study seemed to indicate that the important dimensions undergirding the new planning methods, including downtown core intensification, multi-modal transit/walkability, re-establishing the balance between proximity and economies of scale (i.e. having a local grocery store one can walk to in their neighbourhood versus a few large retailers which serve the entire city and require an automobile) and increasing amenity and park spaces do resonate with a sample of citizens.  It is important to note that the researchers did not present a vision of Healthy Cities or Smart Growth. This insight is important because it indicates that the internal logic and simplicity of solutions inherent in the newer planning methods may be at once compelling to the citizenry and  congruent with the principles of civil society.

The study also seemed to show that while older adults and young people (students) have different needs and expectations with regard to urban form, they seem to have much in common as well.  The findings indicate that basic human needs such as meaningful social interaction, a supportive and inclusive community and access to beauty (both in the built and natural environment) are relevant to both young and old. Ensuring that diverse and well-designed housing for all income groups is available and close to important destinations also seemed to fit this category.  Both age-groups were looking for a city where one could live safely and in a manner consistent with their value system. The built environment was important but

the social and cultural environment seemed just as relevant. These features of urban form

seem to be the enduring 'ideals' held by urban dwellers and these same dimensions resonated

with the study participants in describing a place in which they could spend their entire lives.

## CHAPTER 5:  NATIONAL AND INTERNATIONAL BEST PRACTICES IN RESPONDING TO SOCIETAL AGING AND CREATING AGE-FRIENDLY URBAN FORM

### 5.1     Introduction

This chapter presents specific data excerpts from the main study collected from national/international key informants (n=18) which helps place the dissertation study in an international context. Similar data was collected from all 52 key informants in the main study, since essentially the same interview guides were used (see Appendix 2). However, key national and international informants were sought out at the start of the main study and asked to provide best practice examples of creating age-friendly urban form from their work in their respective region or country. Academics, researchers and officials were sought out who occupied senior level positions with governments, research bodies, universities, and national/international advocacy groups dealing with issues of aging and care for the elderly. Most of the key informants had significant international experience in the field of planning for aging services and several have become noted authorities in the field through their publishing and lecturing activities. As a result, the informants' views of planning for the care of the elderly were found to be multi-layered:  on one level, the informants described current practices and advancements in visionary terms, with a perspective that was international. When further probed during interviewing, however, key informants were also able to provide practical and specific examples of best practices not only in their area or geographic specialty but in other jurisdictions as well. Finally, it is notable that none of these initiatives seemed to encompass the breadth that is targeted in the current research.

Each national/international informant was asked to give examples of the best practices they had encountered during the course of their research or professional work. In the Interview Guide used for national/international Key Informants, the following key questions were particularly relevant and useful in generating the data:

a) Are you aware of any initiatives currently underway or being considered in future which will make your [city, country, region] more age-friendly?

b) If so, can you give examples of such initiatives at the [city/country, regional] level?

c) Can you provide examples of initiatives in the area of preparing for impending demographics/societal aging in your [city/region/country] which you would consider a model for best practices?

Some of the projects and initiatives described by the informants were well known (WHO[33] Age-Friendly Cities Project) and have entered the academic literature, while other projects were operating on a smaller scale (e.g. at the city or regional level) and less well known. Many examples of best practices which clearly demonstrate how planners, gerontologists and related professionals have made advances and empirical contributions in preparing society for impending demographics were found during this component of the research. The issue (as shall be seen later in the discussion of the findings) is that these efforts (while extremely valuable in the contribution they are making to the field) are usually on a small scale, often unconnected to one another, and do not always come to the attention of policy-makers and government. Whether or not they ultimately appeared in the literature also seemed quite arbitrary.

During the interviews, a concomitant literature search was undertaken to further explore the examples provided by the national/international key informants and to determine if other (related) best practices should also be examined.  This allowed further probing to clarify the examples with key informants and to test whether they were aware of similar work being done in other countries. Whenever promising examples of creating age-friendly form emerged from the literature search which had not appeared in the interviews, key informants were sought out who could elaborate on the work. The result was a detailed list and description of dozens of initiatives and programs around the world which implemented certain aspects of creating age-friendly urban form. The final step in the analysis was to re-examine all of the empirical examples emerging, from both the primary research and the literature search, to determine which initiatives were most applicable and demonstrated the greatest potential for replication. Following is a sample of the projects and initiatives selected at the global, national and

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[33] The World health Organization (WHO) "is the directing and coordinating authority on international health within the United Nations system. WHO experts produce health guidelines and standards, and help countries to address public health issues. WHO also supports and promotes health research. Through WHO, governments can jointly tackle global health problems and improve people's well-being." (WHO, 2007, p.3).

regional/city levels. While the list is not intended to be comprehensive or exhaustive (since such work would require more in-depth research on an international scale), the primary data seemed to indicate that a number of initiatives held particular promise and merit further examination. These initiatives are subdivided into various categories (international; national; regional; and city levels) and presented below:

**5.2     International Initiatives**

*i)       The World Health Organization (W.H.O). Global Age-Friendly Cities Project:* the idea of a global research project to address worldwide trends in aging demographics and increasing urbanization originated at the *2005 World Congress of Gerontology and Geriatrics* in Brazil (WHO, 2007).  By 2007, WHO had published their *Global Age-Friendly Cities: a guide* that presents the project's research findings and offers practical (yet empirically based) advice to planners and city officials wishing to initiate age-friendly development. Thirty-five cities spanning all continents participated in the original study and over 2000 people were interviewed for the research (WHO, 2007). The WHO research has produced a model (see Figure 5.1) which sets out a number of topic areas (housing, transportation, outdoor spaces, social participation, community/health support, communication, civic participation and respect/inclusion) found to be integral in defining age-friendly urban form. Key findings were that "an age-friendly city encourages active aging by optimizing opportunities for health, participation and security in order to enhance quality of life as people age...The city's landscape, buildings, transportation system and housing contribute to confident mobility, healthy behavior, social participation and self-determination or, conversely, to fearful isolation, inactivity and social exclusion" (WHO, 2007, p.72). Various determinants of aging (health, social, economic, physical and personal) were also examined in the WHO research (see Figure 5.2). Moreover, the study found that an age-friendly city is also friendly to all ages and that it can only result from an integrated approach "which coordinates actions across different areas

**Figure 5.1: Age-Friendly Cities Topic Areas**
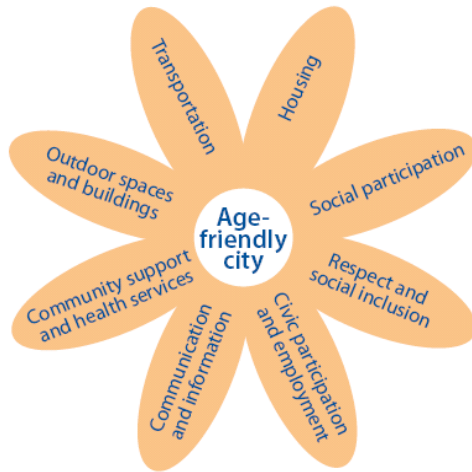


**Source: WHO Age-Friendly Cities: A Guide, 2007, p.9**

**Figure 5.2: Determinants of Active Aging**
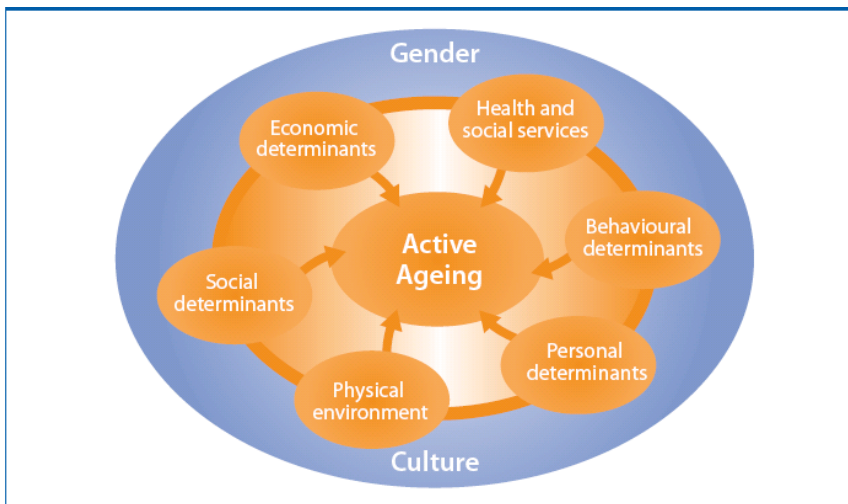


**Source: WHO Age-Friendly Cities: A Guide, 2007, p.5**

of city policy and services so that they are mutually reinforcing" (WHO, 2007, p.73), a key point which shall re-emerge later.

Research investigated the progress of the WHO Global Age-Friendly Cities Project with key informants and it was found that "Canada continues to be one of the leaders in the world in

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this project" (NAT/INT-09-P3), with several study sites. At the time of the interviews (January to December, 2009), a conference in Ottawa was being organized where the topic of discussion was further evaluation of the WHO Age-Friendly Cities Project (NAT/INT-07-P3). Key informants also indicated that the flexibility of the model had much to do with its success. One international key informant talked about the models' strengths:

"[The WHO Age-Friendly City Model] builds on current trends in planning and design. It builds on Smart Growth, New Urbanism, Healthy Cities…Another factor of success is the flexibility that allows a community to choose to use the model and framework to assess their community and address their local needs. This is not a one size-fits-all model: with the *Age-Friendly Cities Guide* and checklist there are standard benchmarks but there's no set process or order and it's also a process that once you begin, you never end. No city is ever perfect, you are always in process" (NAT/INT-04-P4).

This informant also mentioned Canada's leadership in the project, indicating that Ontario had cities participating and that "Manitoba is trying to reach all of its communities, rural and urban. Nova Scotia is also involved and has made grants available to cities" (NAT/INT-04). Overall, the WHO project seemed to advance the field in some significant ways by integrating planning and gerontology knowledge. It remains an excellent model on which to base further research and practice. Unfortunately, in Canada, other planner key informants in the main study (with rather few exceptions) indicated that little of this knowledge had trickled down to the front line of city planning, even though the WHO *Age-Friendly Cities Guide* was essentially meant to be a guide for urban planners. It seems much work needs to be done to ensure that knowledge transfer occurs in a meaningful way among professional groups, the academy and influential bodies such as WHO. In respect to evaluation, as one key informant indicated, this aspect of program development is critical: "How do we show Ministers and politicians that age-friendly form is effective and makes a difference in people's lives? Age-friendly Cities is looking at an evaluation framework right now to help us do this" (NAT/INT-13-P3).

## 5.3    National Initiatives

*i)       National Strategy for Housing an Aging Society (United Kingdom):*  research with international key informants brought to the fore an important development in the United Kingdom which may well have the potential to be replicable in many jurisdictions. One key

informant pointed to a planning project initiated by the Government of the United Kingdom which has evolved into a concept called Lifetime Homes and Lifetime Neighbourhoods. The key informant indicated, "We need to share examples [of creating age-friendly communities] around the world. Life-Time Communities and Life-Time Homes is a leader" (NAT/INT-08-P3). Lifetime Homes have a number of design features (which can be built into new homes) to help ensure that residents can age-in-place, regardless of physical ability. Lifetime Neighbourhoods expands the concept of planning for all ages, including the elderly, to both new and existing communities. The approach involves using cross-sectoral planning to ensure necessary services and amenities are available to residents so they can maintain independence as long as possible (see Figure 5.3); that sense of place and inclusion is encouraged; and that the built environment does not exclude anyone based on age or disability (Harding, 2007). Lifetime Neighbourhoods

**Figure 5.3:     Features of Life Time Homes**
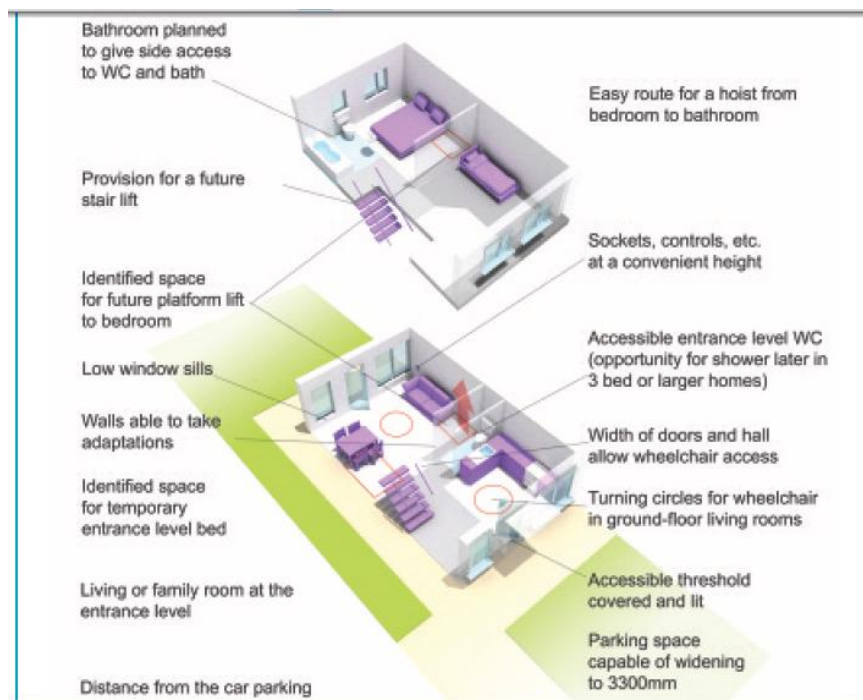


**Source:  Life Time Homes, Life Time Neighbourhoods, UK Department for Community and Local     Government, 2008, p.89.**

incorporates physical aspects of planning such as spatial design and access to amenities and it also considers "cross-sectoral participation in planning services, the encouragement of social and civic participation and a culture of consultation between citizens and decision-makers" (Harding, 2007, p.15). The literature as well as the primary data collected indicates that the United Kingdom government has recognized the implications of societal aging and its interconnections with spatial form and cross-sectoral planning (see Figure 5.4). "Housing and planning have historically been and continue to be one of the very greatest influences on the health and care of the nation" (UK Department for Community and Local Government, 2008, p.89). One international key informant from the UK commented on the extensive research that has gone into the Life Time Homes and Neighbourhood project and how "sharing this approach in the North American context would be most interesting and useful" (NAT/INT-08-P3). Despite these good intentions, American and Canadian informants who had extensive knowledge of age-friendly cities were entirely unaware of this initiative. Interestingly, an American example of a very similar home called the Universal Design House was found in William County Virginia but few key informants in the U.S. had heard of this initiative.

**Figure 5.4: The Central Themes to the 'Lifetime Neighbourhoods' Concept**
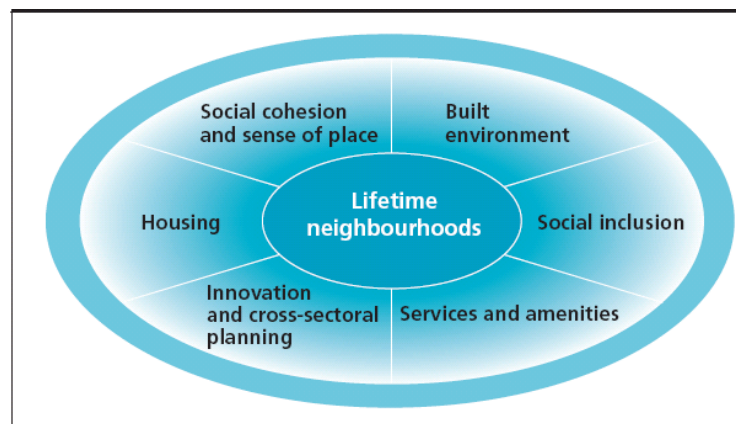


**Source:  Towards Life Time Neighbourhoods (Harding, 2007, p.8)**

**ii)       American Association of Retired Persons (AARP) Project on Livable Communities and Creating Environments for Successful Aging:** another national  initiative which came to light was the work being done by AARP, an advocacy group for older persons which operates across

the United States. One contribution of the AARP approach has been to attempt to expand the discussion regarding economic growth and sprawl to also include the notion of community engagement and its relationship to livable communities:

Certainly, all of these elements are critical factors in the way a community grows, adapts to changing needs and remains vibrant. But there is another way to view how communities should grow and change, and that is from a personal level, how the physical and social environments can promote independence among individuals and strengthen the civic and social ties among them. It is in this context that we speak of 'livable community.' A livable community is one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life (Guterbock, Kochera, and Straight, 2005, p.4).

The research seemed to indicate that key informants in the U.S. were only vaguely aware of AARP's work. With its focus on participation in civil society and AARP's considerable membership and political influence, this approach may have potential beneficial effects in future if the message can be disseminated to practitioners in the field.

iii)     **Canadian Mortgage and Housing Corporation National Study of Impacts of Aging on the Canadian Population, on Housing and Communities:** this research study of the Canadian context concluded that "the graying of communities can provide a stimulus for 'Smart Growth' strategies to develop communities that are: more compact, have a good mix of land uses, and reduce the need for private automobile use to access facilities and services" (Rodrigues and Davidson, 2008). The study was one of the few which related societal aging to Smart Growth and Sustainability and also very briefly examined the important issue of converting suburban form to make it more age-friendly:

"The potential for conversion of underutilized schools and other non-residential facilities to residential projects and community facilities that meet current needs has been shown in a number of communities. This could be particularly useful in making suburbia more responsive to the needs of an aging population. Other innovative approaches can include the use of school buses during the day for transportation of seniors to shopping malls, health facilities and other services (Rodrigues and Davidson, 2008, p.13).

The issue of making suburban form more age-friendly was explored with many respondents throughout the dissertation research and while ideas are being discussed and some

demonstration projects are underway, among planners and others this is not an issue which seems to have gained much purchase.

## 5.4     State/Regional/City Initiatives

i)      **Metro Portland Housing and Transportation Demand Study:** one key informant in the North Western Region of the U.S. reported on a unique, multi-disciplinary initiative entitled *Age-Related Shifts in Housing and Transportation Demand* conducted by Neal et al (2006) in Portland, Oregon (NAT/INT-05-P3), which built on the work done by Howe (2001), Freshley, (1995) and others in the area of developing age-friendly urban form.  Portland State University's College of Urban and Public Affairs, through its Institute on Aging, was contracted to both "conduct a review of the literature and to analyze existing key local and national data sources" to help understand "where middle-aged and older adults live, where they are moving, how they get around and the factors influencing these decisions" since they were seen as essential information for future planning decisions (Neal et al, 2006, p.1). The Portland study's key conclusions are reported below in condensed form:

➢ "A central conclusion of this study is that baby boomers must be reached before the age of 60, or even 50, if they are to be enticed to choose higher density living and proximity to transit (Neal *et al.,* 2006, p.1)."

➢ A second key conclusion is that middle-aged and older adults' clear preferences for suburban living must be acknowledged and plans developed to make suburban areas more pedestrian-friendly and homes retrofitted or designed initially to better meet the needs of older adults" (Neal *et al.,* 2006, p.1).

➢ Traditional suburban communities, then, will need to make zoning changes and infrastructure investments, such as in sidewalks, pedestrian-friendly walking environments and destinations, and increased transit…These communities fit Freshley's (1995) plea for 'life-cycle communities' that work for all age groups" (Neal *et al.,* 2006, p.2).

➢ "At the same time, we need to begin to advocate for life-cycle housing design. Since the shift from renter to owner is most typical as individuals enter their childbearing years, single family homes have been designed for families, with

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little thought given to the owners' aging-in-place. Examples of life-cycle housing include: designed with a bedroom and a bath on the main floor so one could downsize to just one floor; designed to be adaptable to people with disabilities, including visitors (e.g. level entry, wide hallways and doors on main floor, blocking for adding grab bars, cabinets that can be easily altered for those using wheelchairs); placement of outlets and switches so they are reachable without bending down; zoning allowing necessary units for use by the family or for rental income in the early years and for caregivers or elderly parents later on" (Neal *et al.,* 2006, p.3).

A key respondent familiar with the above-noted work emphasized that the implications of this study and other findings in the area of creating age-friendly urban form speak to the 'specificity' of planning codes and regulations. Ensuring that planning regulations and (revised) building codes are specific and "have teeth," can help make fundamental changes in neighbourhoods and social process:

" I ask planners why do we have to make every home with stairs going up to the front door? We need at least one entrance to be accessible. So, we need to change how we define things. We need to dig ourselves out of the equation and say 'it's my parents moving into these townhomes' and in many years it's going to be me. And what if one of my neighbors is in a wheelchair? He may not be able to visit. By making sure these things [an accessible house] are in place, we are creating community, we are enhancing the ability of an individual to maintain and generate community" (NAT/INT-05-P3).

An important theme began to emerge during the data collection from national/international key informants and it later re-emerged as planners, developers and advocates were interviewed in the study cities.  Key informants, particularly those who had done either fairly extensive work or deep thinking in the area of societal aging,  indicated that creating age-friendly urban form begins with visionary and large-scale concepts and ideas but eventually, the implementation reverts to very simple, almost mundane details. One key respondent with extensive international experience in creating age-friendly form articulated this dynamic when stating "While this [creating age-friendly form] is a visionary topic it's really also about buses and toilets and sidewalks; attractive public places; greenery; places that are well lit; accessible parking; closeness to stores for you to walk to. These are all important" (NAT/INT-04-P3).

**ii)     The European ENABLE-AGE Project (Enabling Autonomy, Participation and Well-Being in Old Age):** the Home Environment as a Determinant for Healthy Aging):  another empirical

example of important work being done in aging and housing which emerged was Iwarsson *et al.'s* (2007) work with the ENABLE-AGE project. The project spanned five European countries in 'old' Europe (Germany, the United Kingdom and Sweden) and some countries in the 'new' Europe (e.g. Hungary and Latvia which more recently joined the European Economic Union). Demographic data indicate an increasing number of the very old remaining in their homes in Europe (United Nations Development Program, 2001; Gitlin, 2003), much as is the case in the United States and Canada. As these very old individuals age, there is some evidence that they spend approximately 80% of their time in the home (Baltes, Maas, Wilms, Borchelt and Little, 1999). The main objective of the European ENABLE-AGE Project was to "…examine the home environment and its importance for major components of healthy aging. In the ENABLE-AGE Project, researchers used the term *healthy aging* to address selected aspects of physical, mental and social health that are assumed to be particularly relevant to housing" (Iwarsson et al, 2007, p.99). The ENABLE-AGE study utilized both qualitative and quantitative research methodology and was completed in 2004. While data analysis remains a work in progress, some current highlights of the Project's findings are follows:

➢ "A first important result emerging from this research is that it is not the number of barriers in the home environment but rather the magnitude of accessibility problems that is substantially related to different aspects of healthy aging in very old age. The results give further credence to the feasibility of operationalizing housing conditions in a detailed manner, differentiated for environmental barriers as well as accessibility, which is an aspect of P-E fit" (Iwarsson et al, 2007, p.104; 2005).
➢ "A second important finding is that both objective and perceived aspects of housing are related to healthy aging. Concerning aspects of perceived housing, particularly behavioral aspects of meaning of home as well as low external control beliefs were closely related to independence in daily life and well-being" (Iwarsson et al, 2007, p.104).
➢ "A third important finding from a more general health perspective is empirical support for the assumption that environmental factors are not only related to negative health events, such as falls (Gitlin, 2003) but also to positive health-related outcomes such as independence in daily activities and subjective well-being" (Iwarsson et al, 2007, p.105).
➢ "The results of the ENABLE-AGE *In Depth Study* indicated that healthy aging at home is linked to action, identity, dignity and survival in very old age. Thus, such concepts and how they impact on older person's lives must be highlighted when housing choices in very old age are considered" (Iwarsson, 2007, p.2).

The ENABLE-AGE Project's use of Person-Environment Theory (Lawton, 1982, 1987; Lawton and Nahemow, 1973), its extensive sampling from across Europe and its multi-dimensional methodology make the study quite unique. Thus, it has attracted the attention of both academics in the field of aging as well as some key informants interviewed who indicated interest from an operational insight perspective.

**iii)     Shizuoka Prefecture (Japan) Universal Design Project:** a national/international key informant who had undertaken extensive international aging research reported that "Japan is doing very well at preparing for societal aging" and "that the Japanese are certainly among the leaders in creating age-friendly [urban] design" (NAT/INT-04-P3). The key informant pointed to "the Shizuoka Prefecture [in Japan] which boasts that it is among the most universally designed community in the world" (NAT/INT-04-P3). The Shizuoka Prefecture is located near the middle of the country, has a population of approximately 3.8 million people and has made one of its regional public policy goals to aggressively promote applications of universal design across all sectors, including urban planning. The Shizuoka Universal Design 2010 Action Plan outlines a Policy System which "takes into account the features and differences among individuals, including age, gender, ability and native language and promotes the concept of city and environmental planning to make a society as user-friendly as possible for all people" (Mori, 2009, p.8). The specific goals of the Action Plan for the policy system are as follows:

> "Popularization of the universal design concept;
> City Planning where everyone lives easily;
> Products produced to be user-friendly to all;
> Services and information with all people in mind;
> Working to achieve an independent and symbiotic society" (Mori, 2009, p.9).

Some aspects which make the Shizuoka Prefecture work unique are its broad-based application across the region. Universal design principles are used throughout the transit system, in sidewalks and roads, walking trails, public parks and gardens, in schools at the hospitals and medical centres, in public housing and many other areas. For example, Figure 5.5 shows special feature city sidewalks which ensure there is smooth progress for wheelchairs and scooters. The sidewalks are also designed to drain quickly after a rainfall. Subway, hospital and other signs are

**Figure 5.5: Examples of Age-Friendly Features From Shizuoka Prefecture, Japan**
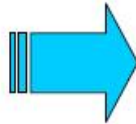


**Source:  Mori, 2009**

also standardized using universal design principles so that the elderly, even those with low vision, can better understand directions.

While few key national/international informants outside of those with knowledge and/or experience in Japan were familiar with the work done in Shizuoka Prefecture, the extensive thought, planning and execution which seems to manifest itself in the approach certainly merits further research from a best practices and replication point of view.

**iv)** **JDC-ESHEL - The Association For the Planning and Development of Services For the Elderly in Israel:** a key national/international respondent operating at the national policy level in Israel indicated that "Practitioners, academics, gerontologists, politicians and others have come to understand that aging-in-place gives them quality of life and is easier on the public purse" (NAT/INT-09-P3). The JDC-ESHEL Supportive Community program was described "as a

CCRC (Continuing Care Retirement Community) without walls" but residents "remain in their own home, [thus] most can do well in these programs for a long while" (NAT/INT-09-P3). A high level of support and help is brought into older adult's homes in each neighbourhood and includes the following community services:

> **Day-Care Centres:** these centres provide personal care services, transportation, hot meals, social and cultural activities and special programs for the mentally frail;
> **Supportive Community Programs**: these programs provide security, physician visits and social activities for isolated seniors. A community 'father/mother' is also available to help frail elderly deal with various problems and issues they may encounter.
> **Warm Home Program:** this program allows smaller groups of elderly to meet twice per week at volunteer host families where dinners and social/cultural events are hosted for isolated elderly.
> **Employment Programs:** more recently, as Israeli elderly remain fit and able, many wish to continue making contributions through paid work. JDC-ESHEL has responded with employment programs for older workers.
> **Health Promotion:** in order to enhance seniors' ability to age-in-place, physical activity programs, dental, vision care, hearing care, and other services such as health education are also provided.

The JDC-ESHEL Supportive Community program was found to be unique due to its national breadth and the fact that it is able to 'package' a clearly defined set of programs and practices which are all designed around the common principles of allowing the elderly to age-in-place in their neighbourhood in a manner which allows them independence and quality of life; the programs also aim to avoid/delay institutionalization to save (public) expenditure on more cost-intensive services.

v)      **ACH (Aged Care and Housing) Group in Adelaide, Australia:** a smaller scale but innovative initiative was undertaken in Australia by a not for profit organization called the ACH Group which cares for seniors in various settings. Subsequent to the Second World Assembly on Aging in Madrid, Australia has continued to review its progress on the *Madrid International Plan of Action on Aging (*Department of Health and Aging, Australia, 2007). The unique elements of ACH's approach to care were translating the key principles of the Madrid plan on aging to an organizational level and then implementing them in its care model. In 2002, the Australian government announced a National Strategy for aging policy which was based on a broad set of principles, some of which were as a result of the Madrid Assembly:

- ➤ "All Australians, regardless of age, should be able to continue their social and economic participation;"
- ➤ "Australia supports the World health organization's active aging policy framework. For older Australians, this means participation in all aspects of society – civic, social and community. Such participation can reduce the risk of disability and associated health costs, minimize the effects of chronic disease and contribute positively to increased longevity and to a better quality of life all round;"
- ➤ "Australia is committed to promoting a culture of lifelong learning that will help older Australians gain more economic and social control over their lives as they pursue new recreational, cultural, volunteer and employment activities;"
- ➤ "Australia's older citizens have a great store of wisdom and experience. Cohesion between generations is in line with the United Nations principle of 'a society for all ages.' '' (Department of Health and Aging, Australia, 2007, pp.2-6).

A key informant who is familiar with Australia's work in preparing for impending demographics, ACL's approach to care and the Madrid World Assembly proceedings indicated that:

"There was a greater emphasis on normalization in Australia so they [ACL] paid attention to those qualities in home care and institutional care. They focused on good health and good living rather than on debilitation. This started when someone was 60 years of age with simple stuff like swimming, gym programs, walking programs – whether they were in the home, hostel or the community. Health, wellness and positive aging. Taking the findings from the Madrid conference on positive aging and implementing it [throughout the organization]. This took the approach from an illness/decline model to living your life as normally and fully as you can manage...Another aspect was citizenship and older people. Many institutions disregard citizenship for older people since it is hard. Citizenship is about participation in the life of an organization, or a community, and about civil society and being engaged in all aspects of life, that is, Civil society and citizenship in the broadest sense" (NAT/INT-12-P3).

Thus, in implementing the aspects of positive aging espoused at the Madrid World Assembly in 2002, ACL seems to have found a way to take the broad national/international principles and constructs related to aging and implement them at an organizational and local (e.g. the city of Adelaide) level. This unique approach has implications for the success of other international initiatives relevant to impending demographics such as the WHO Age-Friendly Cities Project. The data seem to indicate that such high-level studies will ultimately only be effective in helping ameliorate the effects of societal aging if their findings can be disseminated and implemented by organizations such as cities, towns and non-profit community agencies. While initiatives espousing the principles of respect, inclusion and engagement of older adults are crucial,

including practical issues such as the spatial and locational elements of housing seniors will also become necessary in such approaches.

**vi)     Hong Kong Project Using Skype[34] Technology to Assist Isolated Seniors:** a key national/international respondent with a specialty in aging research reported on being introduced to an innovative project in Hong Kong which used Skype technology to assist seniors. The Hong Kong project described by the key respondent taught isolated seniors how to use Skype technology which "allowed for two things to happen: first, isolated seniors could talk to their friends and family and also simultaneously see them on their computer screen. Secondly, service providers could (virtually) see the older adult in their own home and thus do both a visual check as well as converse with them (NAT/INT-12-P3). The ease of use of the Skype technology once installed, along with its relatively low cost may make this method of connecting isolated seniors quite feasible. This project was identified by the key respondent as "a promising area of future research" (NAT/INT-12-P3).

**vii)     State Initiatives:** the State of Florida Office of Elder Affairs has been working for several years on making all Florida communities elder-friendly. Accessibility of services, transportation and land use issues were all examined in this process (Ball, 2001). One key respondent also indicated that Atlanta has become a leader in this area (INT/NAT-05-P3). The Atlanta Regional Commission (serving 66 cities in Georgia) is using Smart Growth to lay the foundation for a 'Lifelong Communities' initiative which will create housing and transportation options to allow seniors to age-in-place (E.P.A., 2007). The Metropolitan Planning Council for the twin Cities of Minneapolis and St. Paul is also integrating the lifelong community approach into their regional planning. The Lifelong Communities or Lifecycle Communities model is an approach which requires that planning decisions are made strategically and on a city-wide basis in order that people will have the requisite services available to live out their entire lives in one place if they so desire. This contrasts with the traditional planning approach which requires people to move when their needs change (Howe, 2001).

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[34] Skype is a software program which allows computer users to make phone calls over the internet, and the addition of a webcam also enables a video portal for each user.

**5.5     Community/Town Initiatives**

**i)      The Case of Elliot Lake, Ontario, Canada:**  Elliot Lake was brought to the attention of the researcher by several key informants as the unique case of a community which has intentionally established itself as a retirement centre for older adults. Elliot Lake is a small, isolated community midway between the cities of Sault Ste. Marie and Sudbury in Northern Ontario. Despite its isolated location in the Boreal forest of Northern Ontario and a climate which is known for very cold winters, Elliot Lake has become widely known as a retirement centre (Tunnock, 1998). Elliot Lake's transformation into a retirement centre had its origins in the late 1980s and early 1990s when the former uranium mining town's population declined significantly:

"The Elliot Lake of 1990 was a desolate community with a significant component of its housing stock vacant and with companies like Ontario Hydro allowing infrastructure to continue to deteriorate. Elliot Lake had no other employer base to substitute for mining and its relative isolation made it an unattractive setting for new economic ventures. The vacated housing supply, however, became the silver lining for the city's new economic development strategy. Although built for the mining industry, the mix and price structure of the housing stock was a 'good fit' for retirement living" (Tunnock, 1998, p.24).

As the town re-examined its strategic direction in 1990, one of the goals became "to establish Elliot Lake as a centre of excellence for retirement living" and a national marketing campaign was implemented which emphasized the natural beauty of the town's wilderness setting and the low cost of its housing stock; the result was that over 4,000 seniors were attracted to the town in the period 1991 to 1996 (Tunnock, 1998). One key respondent from Northern Ontario indicated the significance of Elliot Lake's unique approach to attracting seniors:

"Elliot Lake is an excellent example of a town that used an economic development approach to attracting seniors to the North. They planned specifically for that demographic. They wanted to turn it into a retirement community. This is one specific city that one can look at what they have done. ..Elliot Lake capitalized on a natural area that is beautiful and used housing availability and affordability as tools to their advantage. Affordability and natural amenities make all the difference. This is the only city that I know that has attracted seniors on purpose" (PLNR-(U)-17-P4).

The collapse and rebuilding of Elliot Lake's local economy through the 1980s and 1990s was tracked fairly extensively by the Northern Ontario Institute for Research and Development

(INORD) at Laurentian University in Sudbury. Elliot Lake continues as a retirement destination and a significant population of older adults has led to some age-friendly initiatives in the town's official plan (Tunnock, 1998). As a result, the Town recently opened an office to deal with seniors' issues; and changes were made to the transit system so that transit vehicles pick seniors up at their door and take them to the front door of the destination they are visiting (OPPI, 2009). Such practices, based on the data collected during the dissertation study, must be examined, refined and replicated by planners as a key component of creating age-friendly form. Some observers at INORD indicate that strategies focused on attracting older adults have enjoyed some success since the population has stabilized and a nascent service industry focused on seniors has emerged (Mawhiney, and Pitbaldo, 1999).

**5.6    Other Innovative Approaches Emerging From the Data**

**i)        A Specialized Aging-in-place model adapted for the indigenous peoples of Australia and New Zealand:**  a unique and innovative model adapted for indigenous people emerged from the data through interviewing key informants from Australia who were experts in creating age-friendly form.  Prior to this model being developed, "the public health authorities [in Australia and New Zealand] had always dictated the types of systems that get funded and then they asked 'Why do they fail?'" (NAT/INT-13-P3). The key respondent then goes on to describe a federal government program initiated in the 1990s which allowed a great deal of adaptation and customization when developing facilities for indigenous peoples in isolated regions. This initiative began in Australia as the Aboriginal Health Care Strategy and was later adapted for use in New Zealand (NAT/INT-13-P3):

"It's only through the community and indigenous groups themselves developing and designing something themselves that it will work. They need to feel it will meet their needs and then it will work. In the 1990's, I helped develop the Aboriginal Health care strategy in Australia. At that time, aged- care nursing homes and elder hostels could not be put in [aboriginal] communities because once someone died in a room, it would have to be vacated for 6 months or 12 months. Then they would perform a smoking ceremony. You couldn't have a facility which looked like a 'whitey' facility for indigenous people. We needed something unique which supported them culturally. In the end we ended up building 70 or 80 small aged-care facilities on reserves. They were 25 to 30 beds, some only 12 beds. They [aboriginals] designed the homes. I had an architect sitting on the group with elders from different tribes and he had 50

cardboard boxes and the elders arranged them to see what this place would look like and how it would be structured. The important thing was if we were going to have a care manager/nurse, they would have to live on site. So we built a 3 bedroom house, linked and part of the facility. We dealt with the special cultural issues such as when someone died, the room had to be smoked out…15% of the labor had to be provided by the indigenous community. This ensured the community 'owned' it. Sometimes these facilities were only 12 beds but they were built by the community, owned by the community and resourced by the community. The Kitchen was run by the community with bush food available. Care staff were external, generally a husband and wife, one or both of whom were nurses would move into the 3 bedroom house. They lived free. You were on duty or on call 24 hours a day but had weekends off with a weekend manager available on site as well. They earned $50,000 or 60,000 a year and it was tax free because it was an isolated community. So, this model, went across Australia and eventually New Zealand and has worked extremely well" (NAT/INT-13-P3).

The idea of a small, culturally adapted facility for aboriginal elderly which serves special foods and enjoys the community ownership was found to be unique. While ethnic groups have been building such homes for some time, the notion that the model could be adapted to indigenous communities, often hours travel by automobile from the closest town, is a valuable one. Given that the principles of autonomy and self-determination have become important touchstones in the relationship between first peoples and governments, this model may have potential for replication in many countries.

## 5.7    Discussion

Many innovative programs, services and approaches emerged from the national/international key informant interviews. However, initiatives chosen for presentation herein included only those which were closely related to the research questions (e.g. *Can you provide examples of initiatives in the area of preparing for impending demographics/societal aging in your [country/city/region] which you would consider a model for best practices?),* demonstrated a high degree of innovation, and had significant potential for replication. The data collected indicates that these projects and approaches have some unique elements which may benefit the fields of both planning and gerontology:

i)        ***Thinking globally, acting locally:*** this adage has been applied to various fields of study but applies equally well to the fields of planning and gerontology. Some of the most innovative and forward thinking initiatives presented above (e.g. ACL in

Adelaide; Shizuoka Prefecture in Japan) take worldwide trends or conceptual models and then apply them to their own locale in a specific, value- added manner which is, on one level, quite visionary, yet on another, also highly practical. Such approaches which are able to adapt paradigms and models of practice in the fields of aging and planning into useful practical knowledge have the potential to change practices internationally.

ii) **Demonstration of an integrative thinking process versus thinking in 'silos':** Projects such as WHO's Age Friendly Cities and the integrative planning which is emerging in cities such as Minneapolis and St. Paul in Minnesota demonstrate another important dimension of best practices in the area of creating age-friendly cities: integrative planning. The data consistently indicated that thinking and implementing policy across boundaries (e.g. land use planning and social planning) and across fields of knowledge (planning and gerontology) often produced the most innovative and successful best practice models.

iii) **Replicability and broad applicability:** when models were innovative yet evidence-based, practical and well-documented, they also seemed more broadly applicable. The properties of replicability and applicability seemed to cross both sectoral and geographical boundaries, which added to the project/model's power to impact planning and gerontology.

iv) **Dissemination of knowledge:** despite finding some models which demonstrate a high level of innovation, replicability and applicability, interviewing key informants in different countries indicated that often even well-informed experts/researchers were not aware of similar work to theirs being done elsewhere. As creating age-friendly form becomes a more urgent issue in future, the effective dissemination of findings will become crucial. Not only will this be important in the academy so a new generation of planners and gerontologists can be armed with new knowledge regarding effective best practices, it will also be important for current practitioners in the field.

In addition to the unique elements indicated above, other themes from the data are also worth noting. As the data from key informants such as academics, government officials, seniors' advocates (some of whom had decades of experience in the field) were analyzed, some interesting dimensions emerged.  Often key informants expressed the sentiment that since aging is common to the human experience and crosses all boundaries, then the 'language' of aging should be a common one which crosses all geo-political, cultural and racial boundaries.

Related to the point made above regarding dissemination, the case was made that more information sharing should be taking place, alongside a much greater level of knowledge transfer, particularly in the field of aging and building age-friendly form. Bodies such as the World Health Organization, the International Federation of Aging, the International Association of Homes and Services for the Aged and other groups were all found to be leading initiatives in this area. However, this knowledge transfer must take place in the mainstream and achieve a much greater critical mass if it is to change planning practices.

Another theme surfaced which seemed to relate to the newly emerging relationships between developed and developing countries in the field of aging.  One key informant indicated that "Aged care is an international issue, this is not just a national issue and some of the wealthy governments of the world are seeing it as a migration of labor issue (NAT/INT-12-P3). This dynamic was mentioned as an area which will attract more attention in future. The case in point was one of the German Government looking for lower cost Chinese labor to help take care of its elderly:

"Previously, Polish labor was used [to provide in-home support for German elderly] but Polish workers will not work anymore because Poland is part of the European Union and money will be invested in Poland to bring it up to the same standards of the other European countries. So, they want cheap Chinese labor to go to Germany to fulfill the tasks. But they need to train them. So, in Chongqing [City in China] they have established a centre to teach workers how to care for older people. This is one of the things I came across" [in Germany and China] (NAT/INT-12-P3).

The above-noted is one example of governments struggling with the resource issue which so often enters the discussion of preparing for societal aging and demographics. In Germany's case, it seems that in the current recessionary environment, the government is looking for ways

to meet its demands for elderly care in a manner which is most cost-effective and this happens to be by contracting with China for trained workers. If this is the beginning of a trend, the implications may be significant.

## 5.8    Conclusion

Despite the richness of innovation and potential for replication among the initiatives found in the data, it was nonetheless disconcerting to see what did not emerge. For example, many projects dealt with the issue of seniors' housing but most seemed to accept some degree of isolation as inevitable. The issue of delivering health services, home care and instrumental support to the home was an important organizing principle in many programs,  yet as the seniors' functional abilities deteriorated, they inevitably became "prisoners of space" to use the term Rowles (1978) coined decades ago . Regardless of geography, the data show many programs that focus on the physical, tangible aspects of elderly care rather than on the notion that human beings also need to be engaged with others to remain healthy (Tomaka, *et al.,* 2006;  Krause, 2004; Stessman et al, 2005). To lead healthy, well-rounded and purposeful lives, older adults require more than the means to (physically) manage in their own home. Providing the elderly with a spatial environment and services that focus mainly on the physical realm (e.g. housing) is helpful yet it ignores their need for engagement and purpose and is thus insufficient. The result is often a senior who may be physically healthier but more socially disengaged than ever. The planner informants seemed to have only a rudimentary appreciation of these dynamics and the gerontologists kept honing in on micro issues such as interior house design. The missing link is systematic thinking regarding the holistic challenge of creating age-friendly urban form and transcending professional boundaries so that planners are not hesitant to go past the front gate of the house on the street, and gerontologists are not reluctant to venture beyond the front door to examine such issues as neighbourhood design which encourages social interaction. Planners and gerontologists need to understand each other's areas of expertise and then develop new knowledge together that addresses the missing but crucial link of the social realm,  such as how physical design can encourage neighbourhood support and engagement among the elderly aging-in-place.

Another issue which emerged from the data was that those programs developed by gerontologists usually had little or no knowledge of the newer planning methods. While in places such as Europe, Japan and Israel, density in urban form was a given, concepts such as Smart Growth or sustainability did not resonate with key informants. The notion, for example, that density could be used as a tool to develop a 'village' which surrounds an elderly person, helping provide for their physical, health and social needs was not well understood by international informants,  with the exception of those involved in the WHO Age-Friendly Cities Project and the British Life-Time Neighbourhood Project. Conversely, North American planners and other expert informants were generally unaware of the international aforementioned projects.

Generally speaking, the data indicates that most models currently being developed do not approach the issue of societal aging holistically but rather tend to focus on a particular aspect of aging.  Concentration on physical issues such as housing was the best example, with the result that the issues of isolation and gradual disengagement were de-emphasized or not considered at all.  Issues such as the lack of preparedness of planners, combining knowledge in gerontology and planning, as well as examining societal aging from a holistic perspective are all themes to be discussed in Chapter 6 which follows.

**CHAPTER 6: RESULTS OF THE MAIN RESEARCH INVESTIGATION STUDY: PLANNING AGE-FRIENDLY CITIES**

## 6.1    Introduction

In Chapter 4, the results of two pilot studies were presented which helped the researcher further define the issues and design the approach to the research questions. Data from informants that helped to place the dissertation research questions within a national/international context was also described in the previous chapter. Among other things, the last chapter suggested that while there is some interesting thinking with regard to the development of age-friendly communities, little exists on the scale that is of concern here (i.e. the community-wide or city-wide scale). Likewise, this investigation failed to uncover evidence of collaborative initiatives that brought professional urban planners together with gerontologists with the goal of producing age-friendly urban form. This chapter presents the main dissertation research study findings based on data from 52 key informant interviews (14 interviews were completed with national/international key informants and 38 interviews were carried out in the two study sites of the Region of Waterloo and in Greater Sudbury).

This section is organized in a manner which reflects the Interview Guide Questionnaires used in the study (see Appendix 2) and presents the findings according to the major research themes imbedded in those Interview Guides:

> ➢ *The preparedness of planners in creating age-friendly form*
> ➢ *The planning response and whether it is reactive and pro-active*
> ➢ *How planners can  develop age-friendly form (including their ideal vision of an 'age-friendly city)*
> ➢ *The potential to combine research and knowledge in planning and gerontology*
> ➢ *The potential of the newer planning  methods to play a role in responding to societal aging*
> ➢ *The potential for congruence between planning's response to societal aging and the environmental agenda*

It is interesting to note that some of the themes identified such as lack of preparedness of planners, their lack of knowledge of gerontology and the congruence between the newer planning models and building age-friendly form were expected since they were clearly identified in the initial pilot studies. However, some findings were quite serendipitous, for example, the identification of a confluence of conditions (sufficient profit; Smart Growth legislation which encourages density; the existence of benefits to multiple groups in society; congruence with the environmental agenda). The possibility of combining knowledge in planning and gerontology was also an area which brought some unexpected findings and was found to have much promise for future research and joint knowledge creation. The results and data relating to these major research themes are discussed below, while Chapter 7 presents discussion and synthesis of these findings.

## 6.2    HOW PREPARED ARE PLANNERS AND OTHERS TO PROVIDE FOR AGE-FRIENDLY CITIES?

Many observers point to the notion that planning's response to changing demographics and an aging society should be pro-active, visionary and leadership-based. Myers and Ryu (2008) argue that planners "have special responsibility for championing the longer view" (2008, p.18). Hopkins and Zapata (2007) state that "as planners we want to work with constituencies to engage and shape futures, not merely stumble upon these futures as they emerge" (2007, p. 1). Unfortunately, however, planning for an aging society has not yet attained the sort of attention and profile which enables such leadership. For example, as recently as 2003, Leonard Heumann (at the time editor of the American Planning Association Journal)  commented that "while we have seen little written on the subject of aging and planning in the *Journal* thus far, we predict that aging and planning will become a hot item in the not too distant future" (Heumann, 2003, p.86).

While the data seem to show that changing demographics and societal aging is a well-recognized concern with planners, developers and others, the evidence also indicates that only limited results-based progress has been made by planners in preparing for impending demographics. Nevertheless, some excellent examples of strategic thinking and successful projects in many of the cities and countries examined did emerge from this research, some of

which were presented in the previous chapter.  Table 6.1 presents findings that come directly

from a question asking informants for their opinion about the preparedness of planners and

others in dealing with societal aging.

**Table 6.1:        Findings: A Lack of Preparedness in Responding to Changing Demographics**

| Themes From Data | Excerpts From the Data |
|---|---|
| Total n=52 | |
| **Lack of long-term planning due to lack of understanding of demographics on part of political leaders; political leaders having their own priorities which were more immediate in nature.** | "To really move in this process [creating age-friendly cities] you need a political champion…we still have to find that person" (NAT/INT-05-P3) (Northwestern U.S.) |
| | "Politicians are rewarded more for saving taxpayers money and getting results than for long-term planning" (NAT/INT-10-P3) (Egypt-Middle-East Area) |
| | "You bring in a…municipal councilor…they are there for four years, they learn a little bit and they're gone…the next guy comes in who doesn't know anything "(PLNR(U)-08-P4)" (Waterloo) |
| **Lack of resources to meet both long-term  and short-term demands** | "A lot of municipal planning offices are overloaded and they're in responding mode most of the time so they don't get to things pro-actively" (NAT/INT-03-P3) (Kitchener) |
| | "Right now it's really all about the economy. We are back to crisis management" (PLNR(H)-03-P4 (Cambridge) |
| **Lack of power and credibility on the part of planners** | "Planners don't plan communities, developers do" (ADV-05-P4) (Kitchener/Waterloo) |
| | "Council takes the lead, council does not hire planners to be the lead…we are to be quiet in the trenches "(PLNR(U)-01-P4) (Newfoundland) |
| | "For planners to really get this done, they need to be leaders and have to build up political credibility" (PLNR(U)-02-P4) (Kitchener/Waterloo) |
| | "Planners need to develop a really good relationship with the mayor and council "(PLNR(U)-02-P4)(Kitchener/Waterloo) |
| **View of the elderly vis a vis societal priorities** | "Politicians do not put elderly on a high priority list compared to others in society" (NAT/INT-09-P3 (Israel) |
| | "The problem is that people don't want to do things just for seniors because we value youth, we value |

| | families "(NAT/INT-01-P3) (Northeastern U.S.)<br><br>"The way to keep this on track [preparing for impending demographics] is to sell it as something good for the whole community rather than just one group like seniors "(PLNR(U)-10-P4) (Southern Ontario) |
|---|---|

Nearly all of the planners interviewed expressed frustration at their inability to make progress in important areas such as societal aging and changing demographics. Several themes emerged in the data which helped explain the reasons for this lack of progress. A lack of understanding and/or appreciation for changing demographics/societal aging on the part of political leaders was probably the most important reason. Politicians (particularly at the municipal level) were seen to pursue short-term, immediate results or 'wins' that were highly visible to their constituency. Planners explained there was little perceived benefit on the public's part for a mayor or other municipal politician to pursue a complicated, difficult-to-explain concept such as societal aging/changing demographics when there were so many other pressing and immediate (read shorter-term and simpler) issues. Tied very closely to this dynamic is the reality that there are too few resources at the municipal level (both in respect to staff time and money) to easily juggle short-term and long-term issues concurrently.

Finally, key informants indicated that society's view of the elderly currently places them lower on the priority list than other groups. Planner key informants in particular spoke of 'selling' aging demographics in a manner which indicates that changes are not solely for one group but rather good for many groups.[35] This approach seemed to highlight the planning profession's reluctance to plan for special-needs groups. While most key respondents felt that the coming wave of politically active older persons would likely change the power balance between seniors and other groups, the general consensus was that this had not yet happened: seniors were still

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[35] An example offered by one planner key respondent was changing traffic signals to ensure that elderly people had a longer time to cross the street at cross walks. It was indicated that such a change could be presented as being good for seniors, young children and other groups rather than mainly for seniors.

seen as a group lower on the priority list and this perception was hampering the planning profession's progress in dealing with important issues of preparing for societal aging.

Overall responses to the Study Guide questions regarding why planners are not ready to embrace demographic change and lead in this important area seems to read like a litany of excuses. Planners blamed their state of limited preparedness on a lack of resources, a lack of credibility to effect change, views of the elderly in society and other such reasons. The dichotomy was that the overall importance of demographics to the planning profession as a practical and strategic tool seemed quite apparent to those key informants who were urban planners, even if the solution was not. As one such informant indicated:

"I definitely believe that planners are tuned into demographic change. I believe they know what changes are going to unfold in time. What the implications of those changes are, are always difficult to be right about at the forefront. Society changes as well. I remember when I started at the city in the late 70's, early 80s, I remember doing a lot of work with population pyramids. You could see how the pyramids were at that point in time and we could project out on a five-year basis for 20 years…That is planners' work. As you move out from the planners, my sense is that the understanding diminishes. But part of that is the function of a planner, which is communication and education of those around us, the politicians, the people in the community" (PLNR-(U)-08-P4).

Another key respondent observed "In our education [as planners], they tell us that it is very important to be aware of the demographic and social trends" (PLNR(U)-02-P4). However, the next statement made by the same informant juxtaposes making progress on important societal trends and issues (e.g. impending demographics) with the institutional and practical limitations and realities faced by planners every day: "But in a planning office, on a day-to-day basis, there is a lot more time spent processing development applications…this type of planning stuff takes pre-eminence in the day-to-day priorities…it was one of the things that did eventually force me to get out of direct planning, that feeling that I was a land-use cop and my job was enforcing regulations" (PLNR(U)-02-P4).

The notion that urban, social and health planners are quite aware that something should be done to prepare for impending demographics but are unable to do so was an important theme in the data.  One informant referred to the inability of planners to make progress on important strategic issues metaphorically as the 'pothole in the road' problem:  this dynamic emerges

when planners are sometimes able to persuade politicians and other municipal leaders to direct attention and resources to an important issue such as impending demographics and then, in the words of the informant, "spring- time comes, people begin calling in to the city complaining about pot- holes in the road"(PLNR-(U)-06-P4). The respondent goes on to indicate that the planning department's attention and resources are then diverted to repairing the potholes, changing the nature of a planners' work from long-term/strategic to short-term/reactionary (PLNR-U-06-P4).

In Waterloo, one planner described a City Council meeting where two main agenda items were discussed: one involved whether or not to approve a 19 storey multi-unit residential building in a controversial location and the other decision was whether to allow raising chickens in people's backyards. The item relating to the 19 story building had minimal public representation or interest and was decided in about 20 minutes. Whether chickens should be allowed in backyards dominated the evening Council meeting and discussion of this item lasted over three hours. The latter item was also extensively and visibly covered in the media and generated many comments and complaints to the Planning Department while the 19 storey building was buried in the back pages (PLNR-(U)-20-P4).

In Greater Sudbury, planners described a similar dynamic when Smart Growth strategies and discussions were often derailed at City Council and elsewhere by media attention directed at the politics involved in getting approval for the sub-division of large country lots (PLNR-(U)-16-P4). The opportunity cost of carrying out public policy in such a manner is that city counselors, mayors and planners divert energy to solving these micro-level civic issues rather than making progress on the more important ones.

The planners interviewed seemed to well understand the importance of political allies and Friedmann's (1993) assertion that "Planning should be political" and "to act strategically is already to act politically; it means taking power seriously as a crucial element in planning" (Friedmann, 1993, p.78). One respondent talked openly about the dynamic of political power: "Know your community, how it is structured politically. We as planners…need to know how decisions are made" (PLNR-(U)-06-P4). However, when political leaders were found who could

act as catalysts and champions to make progress on preparing the city for societal aging, planners became concerned with loss of continuity and knowledge when the councillors' or mayors' terms ended (see Findings Table 6.1, Theme 1). The internationally sourced data showed that a similar issue existed on a country-wide versus a city-wide scale. For example, one key informant in Israel indicated that having the issue of impending demographics addressed in a serious manner by government was difficult due to the political structure since "politicians make decisions and they get elected for a limited time: two years, four years and long-term planning for 10 years, 20 years from now, well, politicians want to see results during their political lifetimes, so why should they spend money on long-term planning?" (NAT/INT-09-P3).

One immediate conclusion that arises from this first set of interview responses is that while planners are by-and-large aware of an impending demographic shift, they have virtually no plans for action and indeed appear not to have given much strategic thinking to the issue. There was general agreement that this was not a fault of planners themselves, but rather that the 'system' in which they operate is not conducive to long-term strategizing. All sorts of rationalizations were forthcoming; generally politicians were blamed for a lack of foresight.

Thus, the notion of planners, gerontologists and others working to raise the knowledge and awareness level of political leaders regarding impending demographics was an important one. One key respondent who operates on a global scale summarized the matter by indicating that this is a political issue because "Rich countries and poor countries alike are having the same discussions, we must share knowledge and then frame the debate" (NAT/INT-08-P3).

**6.3     THE PLANNING RESPONSE TO IMPENDING DEMOGRAPHICS AND CREATING AGE-FRIENDLY CITIES**

This section focuses on one of the key questions asked of key informants during the data collection process which was *"How can the planning response to the societal challenge of impending demographic change be proactive and strategic?"*  However, prior to delving into this research theme during the interviews, data was first gathered about the present state of affairs regarding planning for demographic change, including the nature of any current initiatives being pursued and exploring whether planners were working alongside politicians,

seniors' groups, gerontologists or others. A related question asked planners and others what their ideal vision for an age-friendly city might look like (see Table 6.3). Firstly, the data shows some insightful comments regarding key dimensions of building age-friendly cities, such as the importance of transportation; access to health services ; and increasing mixed use development and  density. However, considering that urban planners need to play such an important role in this area, a dearth of vision and insight around what is required in the future was a troubling theme found in the data. Secondly, developers seemed better able to articulate their vision and it is not entirely surprising that they have, by default, become leaders in helping create age-friendly urban form (at least for those who can afford it). Thirdly, the role of the province in passing legislation to encourage Smart Growth which would, in turn, help create more age-friendly cities was a theme some planners (often with prompting) were able to articulate. Finally, these important issues involve seeing the 'big picture,' knowing how to develop a vision of the future and how to motivate those around you to achieve it. Here one cannot help but think, "what is the role of the academy in helping planning students develop these important skills? This is an important question deserving of deeper thought and research.

*W*hile the earlier part of this chapter discussed the lack of preparedness of planners in dealing with societal aging, this section provides a wide-angle view of how key informants (from a wide variety of professional backgrounds) viewed the profession of urban planning and whether it is up to the task of providing strategic leadership in creating age-friendly form and preparing for impending demographics. Planners themselves believed that they should be leading these efforts but felt constrained by a myriad of barriers. Table 6.2 below presents some of the data from key informants:

**Table 6.2:      Can Planners be Leaders? Some Key Findings**

| Excerpts From Responses to Main Study Key Question: Do you think the planning profession is equipped to lead in preparing society for impending demographic aging and helping create age-friendly cities? |
|---|
| "My immediate reaction is that urban planners should be leading the process of developing age-friendly cities" (ADV-03-P4) (seniors' advocate) |
| "Planners can be in the lead and among the leaders because they are close to their communities, they have the knowledge and they're the ones who are implementing changes with local decision makers. But they can't be alone. They need the political leadership and support of the community" (NAT/INT-04-P3) (international researcher) |

"I believe that planners can be leaders in this process [developing age-friendly form] but to really move this process you need a political champion" (NAT/INT-05-P3) (researcher/expert in age-friendly cities)
"Planners can be leaders [in this area] but they are often hog-tied because they are employees of the city" (DEV-01-P4) (developer- GGH)
Planners can be leaders along with others. They have the responsibility to lead and they need to think holistically" [about creating age-friendly cities] (PLNR-(S)-15-P4) (city commissioner- GGH)
"Planners are the intellectual and thought leaders but don't have the official power" (ADV-05-P4) (social advocate)

**Table 6.3: What is your ideal vision of the age-friendly city? Some Findings**

| Excerpts From Responses to Main Study Question: Describe your ideal vision of what an age-friendly community of the future might look like? |
| --- |
| "The age-friendly city of the future needs to be driven from the Provincial government level, we   need provincial direction in this area" (PLNR (U)-04-P4) (planner) |
| "An ideal vision of the age-friendly city? I struggle with building things exclusively for one group (PLNR-(U)-09-P4. (planner) |
| "The age-friendly city has to have a handle on transportation. Seniors cannot continue to be dependent on their cars. Infrastructure, streetlights, benches, grab-bars, all of these things need to be thought through. Site planning and zoning will have to be more specific" (PLNR-(U)-06-P4 (planner) |
| Ideal vision of the age-friendly city? Safe, easy transportation, mixed use, density, accessibility to health, it all needs to be there" (DEV-01-P4) (developer) |

Findings from the data relating to whether planners can be leaders were fairly consistent in agreeing that the urban planning profession seemed to be an important point of reference for creating age-friendly urban form. Key informants seemed to conclude that since planners were generalists who often brought together specialists at the city/regional level (engineers, transportation engineers, architects, etc), then helping create age-friendly urban form should be a natural extension of this role. The important qualifying statements that also emerged, however, were two-fold: firstly, most key respondents believed planners could not lead the effort of building age-friendly cities by themselves. The importance of working with political leaders, community groups, seniors themselves and other stakeholders was often mentioned, particularly by social advocates. Secondly, while there was the perception that planners *should* be leaders in helping create age-friendly form, further probing usually indicated that they are

currently not leaders in this area. As sample data from Table 6.3 indicates, planner key informant responses to the question, "What is your ideal vision of the age-friendly city?" generally lacked insight and depth.

While the data seem to demonstrate that key informants believed planners had significant legitimacy and *should be* leading the efforts in creating age-friendly urban form, it was the developers who were viewed as *actually being* in the lead. One key respondent with extensive provincial experience in the housing field cited the re-development of Greenwood Racetrack, a prime piece of urban land in Toronto, as an example which they viewed as fairly representative of who is leading planning efforts in the Province of Ontario:

"Planners don't plan communities, developers do. Greenwood Raceway is a good example. Here is a tract of land in a very attractive part of Toronto, near the Beach and downtown as well. What happens? We have very expensive townhomes and condos generally. The retail parts of the development don't contain corner stores, we have a Starbucks Coffee, a tailor, a swim wear store, a lighting store, banks, a high end butcher, and an adventure clothing store. These don't serve the immediate community, but rather the greater community. There are seniors in condos [in the neighbourhood], they have to get into the car to go shopping. Does this make any sense? So, at Queen and Woodbine [streets], we end up with no mixed income, there are million-dollar condos and townhomes. We blew it big time. Now, as the Donlands and the Railway Lands become available, again prime land close to downtown, will it be different? I don't think so." (ADV-05-P4).

Key informants who were planners also espoused views similar to those expressed above. This seemed consistent in both the GGH cities of Waterloo, Kitchener and Cambridge and in Northern Ontario. One key respondent in Greater Sudbury echoed similar observations regarding who the leaders are in creating age-friendly form in Northern Ontario:

"Developers are the leaders in this area. When I worked for one, we targeted the seniors' market, analyzed the demographics to look at 2, 5, 10 years down the line. We came down to Southern Ontario to look at successful projects. Then we looked for and bought locations in northern cities to build projects. We then went on to build several projects in the north. Developers learn quickly" (PLNR-16-P4).

The data indicate that developers have responded fairly quickly as housing needs have changed. In the core of Greater Sudbury, developers have been active developing several projects (PLNR-(U)-09-P4). In each of the GGH study cities of Kitchener, Waterloo and

Cambridge, there was evidence found to indicate that the core areas are experiencing an influx of higher income elderly to condominiums and seniors' housing, along with young professionals. The developers interviewed themselves stressed that their profession was playing a vital and important role in this revitalization.

In Southern Ontario, there is a wide range of developers in the marketplace. Small builder/developers with a long local history were found to be active, but many Toronto-based larger players were also operating in the study cities of Kitchener, Waterloo and Cambridge. By contrast, in Greater Sudbury, the market seemed to only support a handful of developers that built larger projects for seniors and they often operated across Northern Ontario. Both large and small developers, however, whether in Southern or Northern Ontario, seemed to understand the power of impending demographics and the role they could play in their current and future business model: "[my] ideal vision of the age-friendly city is safe and easy transportation, mixed use, high density, accessible, access to health care, it all needs to be there" (DEV-01-P4); "density, mixed use is where it's at.. [seniors] want a community [they] are not just looking for a house, so that [they] have all the things [they] need nearby" (DEV-04-P4). Most key informants who were developers had a clear vision of what needed to be done from their perspective to ensure that future urban form is age-friendly. Developers viewed these dynamics (not surprisingly) from a demand perspective, or as an opportunity to grow their business. They also saw themselves as filling a void in the marketplace, which seems to coincide with the onset of neoliberalism as a guiding philosophy in the public sector. Thus, as government is less willing and/or less able to act as the main player in non-lucrative markets such as lower-end seniors' housing, this gap enables private sector developers to assume this role if conditions (e.g. subsidies) warrant it. A good example of this dynamic was found during a field visit to St. John's, Newfoundland. As a planner in Eastern Canada put it, "Most of the seniors' centres [that are in St. John's] were built by the provincial government. They were senior citizens' homes and had the full gamut of care. There hasn't been one of these built in St. John's for over 30 years" (PLNR-(U)-01). However, a visual inspection showed that some new seniors' facilities were being built (and a few being planned) by the private sector to fill this void. To further complicate matters in respect to planners' leadership and ability to influence

the location of such facilities, the same key respondent explains that "This is the problem with planning in silos: planners know that there should be more age-mixing and that these things should happen by planning together but it is driven by the developers, not planners" (PLNR-(U)-01).

Perhaps due to the fact that developers often have significant resources, a clear knowledge of the emerging trends and an appetite for the risks involved in large projects, they have managed to take the lead in creating housing stock which serves older adults, particularly in the higher-end seniors' market.

## 6.4    HOW CAN THE FUTURE PLANNING RESPONSE TO IMPENDING DEMOGRAPHIC CHANGE AND SOCIETAL AGING BE PRO-ACTIVE AND STRATEGIC?

As shall be seen, the emergent themes already touched on (i.e. the necessity of planners having to move beyond a narrow scope of practice focused on day-to-day crises to become generalist-leaders) take on even greater import in a future-oriented discussion. Planners as well as key informants from other professional groups became particularly engaged when discussing how a future response to impending demographic change and societal aging could be more pro-active and strategic. An analysis of the data produced several key themes which are presented in Table 6.4. Key informants indicated that planners often lacked credibility with political leaders and that this will be an impediment if they (planners) are to lead in developing age-friendly urban form. Interestingly, politicians were often viewed by planners as having a time horizon which roughly corresponded to their length of term in office. This dynamic placed greater importance on small-scale, short-term projects rather than making progress on large, complex ones such as dealing with societal aging.  There was also an undertone among key informants which saw planners as being able to meet the challenges before them, if they are able to develop visionary skills and become educators for all of the stakeholders, including politicians, community groups and seniors' groups.

Another finding emerging from the data analysis related to the reluctance of planners to plan for specialty groups such as older adults. Some data excerpts which help shed light on this dynamic are presented in Table 6.5.  During the research interviews, planner key informants

were consistent and unrelenting in their view that planning for the upcoming surge in seniors did not require special planning but rather that they should be one group among many. This theme has significant implications and will be explored more fully later in the dissertation.

**Table 6.4:** **Enhancing Planners' Ability to Become More Proactive and Strategic**

| Emergent Themes From the Data (Main Study) | Data Excerpts |
|---|---|
| **n=52**<br><br>**Planners need to establish credibility with political leaders** | "…for planners to really get this done [to create age-friendly form], to be leaders, they have to build up political credibility. They have to develop a really good relationship with the mayor and the council at a municipal level. Planners need to be seen as credible by the politicians, so this is a tough balancing act, since you have to keep your eye on the long-term stuff. Imagine you go to the mayor and say we need to be talking about these demographic issues right now and they are going to say, "well we have all these pressing issues right now. That long range, visionary thinking is inherently in conflict with the day-to-day pothole solving kind of practical world of municipal politics…It's a fine art and a balancing act…it depends on how credible you are, how influential you are, what level of trust you are able to establish with the decision-makers in the political process" (PLNR-(U)-14-P4). |
| **Planners need to develop visionary skills** | "I see power, official political power,  in an organization, separate from organizational power and expertise. But they are complementary. When a planner thinks they're a politician, that's when there is trouble. Everything that makes you want to be a planner, the education, the expertise, everything, says we want to build great cities. The whole element of being a professional planner can drive that quite a bit. [Referring to building age-friendly cities] we have to make sure things are done for the long-term, not just the short-term, and that is another difference between a politician and a planner. Planners are looking at 10, 15, 100 year decisions but occasionally the political decision is the length of the term of the politician. Maybe two or three terms but that's still short term. The visionary decisions are the long-term ones. Here the leadership of the city has always thought long-term and that makes a great difference. You always have to keep the really important items at the top of the agenda and make sure they're always there and get them into the official plan and that's key" (PLNR-(U)-04-P4). |
| **Planners need to be educators and engage various stakeholders and community groups.** | "…the function of a planner is communication and education of those around us, politicians and people in the community. But these people change, you don't have the same politician for 25 years but you have the same planner for 25 years" (PLNR-(08)-P4).<br><br>"[Planners] need the political leadership and the support of the community |

| | groups and the community decision-makers. Planners are in an executive role [*vis a vis* creating age-friendly cities] in educating and influencing and really getting traction for change that comes from municipal leaders, interest groups and people in the community" (NAT/INT-04-P4). |
|---|---|

**Table 6.5:     Some Evidence of Resistance to Planning Especially for Seniors**

| Theme From Data (Main Study): Planners are reluctant to plan especially for seniors |
|---|
| "We want the official plan to be applicable to the entire population. The approach that we have taken is that we don't segregate amongst groups." (PLNR-(U)-18

"We don't have specialist planners and we don't plan especially for seniors" (PLNR-(U)-19

"As soon as you entertain the notion that one size does not fit all [referring to planning for everyone equally], you are lost" (NAT/INT-10-P3)

"You can't just plan for one group in planning…if you don't look at the whole picture in planning for the entire community, you will be in trouble" (PLNR-(S)-12-P4)

"I don't think it's healthy for planners to segregate or look at any particular group…"(PLNR-(U)-08-P4)

"…if we are planning for an aging society, we must think about people of all ages, not just older adults. If we plan for one particular group, we will end up with a particular environment that won't fit the rest of the needs." (NAT/INT-05-P3). |

## 6.5     HOW CAN PLANNERS, DEVELOPERS AND OTHERS HELP CREATE AGE-FRIENDLY CITIES?

During the analysis, an interesting theme emerged related to the notion that impending demographics could be used as leverage to move forward the agenda of creating new or 'smart' urban form. As key respondents were questioned using interview probes, two concepts became clear; first, respondents indicated that building healthy, livable cities or urban form was much akin to age-friendly form. The premise of this assumption seemed to be that an age-friendly city had features which seniors would find desirable but that these same features would be helpful

and useful to most other groups as well. Second, the notion emerged that in order to create age-friendly urban form, a number of conditions had to be present, including sufficient critical mass, or else such an endeavour becomes less feasible. As this notion was further probed with key informants (planners, developers and some national/international key informants) many observed that the destabilizing effect of impending demographics (particularly aging of the population) presented an ideal opportunity to move forward on a number of fronts, if the right conditions either existed or could be encouraged by city, regional, provincial/state and national governments. The sections which follow delve into these conditions in more detail.

### 6.5.1 A Set of Convergent Conditions?

Probing interviews with successful developers and senior planners with leadership functions attached to their portfolios helped identify a number of 'conditions' in a city, the presence of which were seen to encourage age-friendly urban form. More important than any individual condition, however, was the aggregate effect produced by their convergence. After approximately 20 interviews which explored these concepts, what began to emerge was a set of convergent conditions identified in the data by key informants that were seen to make age-friendly urban form more likely to occur. The individual conditions identified were as follows:

a) The existence of sufficient 'profit;'
b) The existence of legislation encouraging increased density;
c) The existence of benefits to multiple groups in society;
d) Congruence with the environmental agenda.

While the data showed that these conditions, at least in the limited sample examined, seemed to present an opportunity for age-friendly urban form to develop, it is not being suggested that a causal relationship exists between these conditions and the emergence of an age-friendly environment. Nevertheless, as planners, developers and others reflected on the 'enablers' or 'accelerators' of creating healthy spaces in the city for older adults, these conditions, their interaction and their effect on the downtown core in particular, emerged as strong themes. Additionally, in the particular case of the City of Waterloo, a 'virtuous cycle' seems to have developed which bears examination for the purposes of further learning and research. A complete analysis and discussion of these data will be presented in Chapter 7.

**6.6     COMBINING GERONTOLOGY AND PLANNING: Towards a New Paradigm For Theory and Practice?**

This section will discuss the results of the data as they relate to the relationship between gerontology and planning and how a closer integration of the fields will be beneficial in helping planners prepare for impending demographics and societal aging. The section begins with a presentation of primary data findings relating to planners' knowledge of gerontology and a discussion of the implications for future practice. Then, major research directions from the gerontology literature are combined with primary research data and organized along the major dimensions initially identified in Chapter 2. In Chapter 2, theories of aging and the environment and how these theoretical perspectives and concepts might be combined with closely related ones in the planning field were explored. In this section, certain key dimensions of aging were identified as follows:

a)   Seniors' Housing and Neighbourhood Design/Aging and the Environment;
b)   Transportation and the Elderly;
c)   Seniors and Access to Health and Social Services;
d)   Social and Community Engagement and the Elderly.

The above-noted key dimensions of aging will be used to organize both the findings and the discussion throughout this section.

**6.6.1    Planner's Knowledge of Gerontology**

Table 6.5 below presents the major themes and excerpts from the data findings related to planners' knowledge of gerontology. Generally, planners' overall knowledge in this area was found to be quite low. For example, one of the Interview Guide questions asked planners "How would you rate your general knowledge of gerontology- basic, intermediate or advanced?".

Approximately 95% of planners responded that their knowledge was basic. Interestingly, however, everyone interviewed, regardless of their self-assessed knowledge level, were open to learning more about gerontology. Planners seemed to appreciate the inevitability that changing demographics and societal aging would necessitate their learning more about aging and gerontology, particularly as to how it applies to planning practice.

**Table 6.6:    Planner's Knowledge of Gerontology: Major Themes and Data Excerpts from Main Study**

| Themes From Data (Main Study) | Data Excerpts From Study Sites (Kitchener, Waterloo and Cambridge in GGH and City of Greater Sudbury in Northern Ontario) |
|---|---|
| **N=52**<br><br><br>**Planners' formal knowledge of gerontology is generally low** | "Planners are pretty light in the gerontology area. We know more about traffic engineering and storm water flow through pipes than we do about gerontology and older people. Why? I don't know. Where do you go to get that information? It's off the radar screen at that level of detail. I don't think it would hurt for planners to know a lot more about gerontology (PLNR-(U)-04-P4).<br><br>"Planners understand very little about gerontology. They think about these brittle little beings [seniors]. I really don't think it is being taught in the schools and it needs to be" (PLNR-U-06-P4).<br><br>I don't think planners know much about gerontology. They are generalists, they know a lot about many things but the depth is not there" (PLNR-(U)-08-P4). |
| **Increasing planners' knowledge of gerontology is desirable** | "Most planning schools deal with land use planning but not a lot of social issues such as gerontology. Gerontology must be brought into planners' training if they are going to deal with these demographic issues" (PLNR-(U)-17-P4).<br><br>"It would lead to a better solution when you have more knowledge" (PLNR-(U)-04-P4). |
| **A view that gerontologists need to be available as "experts" to planners just as other experts in such fields as engineering and transportation are available to them** | "I put myself down around one [out of five] regarding knowledge of gerontology. ..Planners should have an understanding of gerontology but then they should bring in the gerontologist to assist us just as they do with engineers and other specialists" (PLNR(U)-14-P4).<br><br>"I don't think planners will ever know enough about gerontology. There should be a guide for planners and planning for the elderly and what they need" (PLNR-(U)-11-P4). |

| | While planners don't know a lot about gerontology, you need to bring experts to the table and teach them. You don't have time to assimilate all that knowledge which you need to know as a planner…but you need to know where to look or who to call. Get to know your resources, bring them to the table and create a partnership in the dialogue. City planners are good at this larger perspective…as soon as you have the dialogue, the lights go on" (PLNR-(H)-03-P4. |
|---|---|

Finally, among those key informant planners who had given the relationship between gerontology and planning some thought, a theme emerged which placed gerontologists in a similar category as traffic engineers or architects; that is, outside 'experts' (gerontologists) could be called in when required. As shall be seen in the next section, such an approach falls short of what is required: a full partnership between two professions that will be at the centre of dealing with societal aging in the years ahead.

### 6.6.2 Combining Research Directions in Gerontology With Primary Research Data in Planning

The following tables compare the literature-based findings in gerontology and planning with those from the main study component of the dissertation research on the key dimensions of Seniors' Housing and neighbourhood design, transportation, access to health and social services and social/community engagement:

**Table 6.7     Findings: Seniors' Housing and Neighbourhood Design/Aging and the Environment**

| Literature-Based Findings | | Primary Data Findings and Implications |
|---|---|---|
| **Gerontology** | **Planning** | **Research (Main Study)** |
| Reducing environmental 'press' and increasing 'competency' in older adults' environment can enable greater independence (Lawton & Nahemow, 1973; Kahana *et al.,* 1982; Carp and Carp, 1984). | New planning methods (Smart Growth, New Urbanism, Sustainable Development, Healthy Cities) all address issue of creating compact, walkable urban form (Talen & Knapp, 2003; Ellis, 2002; Ye *et al.*, 2005) which is 'friendlier' to all ages, including seniors . | "Planners are introduced to a lot of topics like good neighbourhood design, demographics…but gerontology is not part of it" (PLNR-(U)-09-P4).<br><br>Universal design will make our communities better for everyone, including seniors (PLNR(U)-08-P4; PLNR(U)-09-P4). |

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| | | |
|---|---|---|
| Planning for an aging society requires a full range of housing options for seniors with mobility as key to independence (Haldemann & Wister, 1993; Rosenberg & Everett, 2001; Wister & Gutman, 1997; Cvitkovich & Wister, 2001) | Spatial pattern of Post-WWII, low-density, single-use suburbs adversely affect the elderly and their mobility (Hodge, 2008). | "…you cannot ignore the problems of the aging older suburbs or the problem of lack of infrastructure or lack of services, amenities and transit" (NAT/INT-01-P3). |
| | Elderly have distinct housing needs requiring special knowledge and attention from community planners (Burby & Rohe, 1990). | Three fairly distinct groups of elderly emerged (low, medium and high income) from the data in selected study cities and other areas with access to housing options decreasing as income decreased. |
| Health is affected by neighbourhood quality; sense of place is important (Krause, 2003); | Healthy Cities stresses critical role of all sectors in contributing to health: social, environmental, economic, built environment (Hancock, 1990; Takano, 2003). | "What do planners need to do? Bring together the different interests of physical design and planning with social groups" (NAT/INT-04-P3). |

### Table 6.8: Findings: Transportation and the Elderly

| Literature-Based Findings | | Primary Data Findings |
|---|---|---|
| **Gerontology** | **Planning** | **Research (Main Study)** |
| Mobility is one of the keys to independence and quality of life for the elderly (Flaherty et al, 2003; Satariano et al, 2004; Raglund et al, 2005) | Newer planning methods (Smart Growth, Sustainable Development, New Urbanism and Healthy Cities) recognize importance of multi-modal transportation (public transit, walking, bicycling) (Ye et al, 2005; Wheeler, 2000; 2003; Calthorpe, 1993; Tomalty, 2005; Hancock, 1990) | "The key is to get people [diverse populations] back into the downtown core…out of huge suburban homes." " If you lived in downtown Baltimore, what would you need a car for?" (NAT/INT-01-P3). |
| Evidence suggests older Canadians' reliance on the private automobile for transportation is as significant (for different reasons) than their younger counterparts (Newbold *et al*, 2004) | | "Transportation is… key for vulnerable seniors. Transportation for social reasons must also be seen as critical" "If you don't get to be with people you love, you get depressed, then you get sick, then you end up in the hospital. Policy planners need to remember this" (ADV-03-P4). |

**Table 6.9:      Findings: Seniors and Access to Health and Social Services**

| Literature-Based Findings | | Primary Data Findings |
|---|---|---|
| **Gerontology** | **Planning** | **Research (Main Study)** |
| Access to health, social services (homecare) and other facilities and services (shopping, medical) promotes longer independence (Krout, 1986) | Creating life-cycle communities through Smart Growth is an important planning response to enabling aging-in-place (Howe, 2001; Hodge, 2008; Harding, 2007; Freshley, 1995) | "Urban planners should be leading the process of developing age-friendly cities…[we] who work in the sector are trying to coordinate services across Waterloo-Wellington…but in terms of planning we have long known what is necessary but we seem to be re-discovering the wheel" (ADV-03-P4) (Waterloo) |
| "The physical and social environment can function as mediums for health…enable or act as a barrier for health behavior (accessibility of health care); and provide health resources (well-organized community health services). It can therefore be observed that the interaction of personal and environmental factors can enhance or slow functioning and health through direct and indirect pathways" (Wister, 2005, p.55). | "seniors' planning is about creating a good 'fit' for older people with their community environment (both built and nature)…the primary concern is with the senior users of facilities and services" (Hodge, 2008, p.254) | "Seniors need a destination: a place to get to in cities…this is about [urban] design. "A comfortable scale is important, all of this is important to get seniors out"(NAT/INT-03-P3) (Waterloo)<br><br>In Sudbury, we are trying to re-develop the core. "Smart growth, sustainability, walkability, these are all key" (PLNR(H)-16-P4 (Sudbury)<br><br>"I look at the determinants of health and Sudbury is in one of the worst rankings." "The town is not transit-friendly, buildings are spread out even downtown. Buses are few and far between, cabs cost a fortune, how can a senior afford to go and get groceries?" (DEV-08-P4). |

**Table 6.10:      Findings:  Social and Community Engagement and the Elderly**

| Literature-Based Findings | | Primary Data Findings |
|---|---|---|
| **Gerontology** | **Planning** | **Research (Main Study)** |
| Isolation is a risk factor  for poor health; social support has positive effects on health and can buffer some of the health-related | Newer planning approaches such as Healthy Cities and New Urbanism emphasize interaction and sense of | "Planners came from public health and now with Healthy Cities they are going back to their roots again. But this time they need to think beyond buildings to the health and social aspects of planning,  as they are just as |

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| effects of aging (Rowe & Khan, 1998 - The MacArthur Foundation Studies on Aging) | community (see Talen, 1999; Lund, 2003; Brain, 2005; Hancock, 1990) | important" (PLNR-(S)-15-P4) (GGH Study Cities) |
|---|---|---|
| Association between positive health outcomes/healthy aging and social supports/community integration (Tomaka et al, 2006; Cassell, 1976; Cohen & Syme, 1985; Uchino et al, 1999) | "Seniors' planning should be essentially holistic and appreciate all facets of seniors' activities and community needs" (Hodge, 2008) | "Isolating planning so it deals with only the physical environment is, in my view, too narrow. The mandate for planning has to be re-defined and, I believe, how holistic planning should be is the issue" (PLNR(U)-08-P4) (GGH Study Cities) |

While the notion of combining knowledge in planning and gerontology will be further explored in Chapter 7, some initial observations can be made with regard to the data findings presented above. First, a full range of housing options (across age and income dimensions) is required for older adults due to the diverse nature and needs of this group. Planners have a limited understanding of these dynamics and will need to pay particular attention to them, particularly the notion of aging-in-place in the suburbs, a subject which will require serious research attention from both professions. Interestingly, many of the key informants with strong gerontology backgrounds had limited knowledge of the newer planning methods such as Smart Growth and Healthy Cities which are pushing the field towards developing more compact form, a direction congruent with directions in P-E theory and making the physical environment easier to negotiate for older adults. Second, the newer planning methods are also congruent with research in gerontology which makes it clear that transportation, mobility and access to health and social services are all very important determinants of healthy aging for those (the majority) who choose to age in place. Finally, the crucial notion that healthy aging implies staying socially engaged with one's community needs to be driven home to the planning profession. Professional planning will have to revisit and revise their knowledge and practice to include social engagement and social planning, a key finding which will be further discussed in Chapter 7.

**6.7    CONGRUENCE BETWEEN THE NEWER PLANNING MODELS, PLANNING AGE-FRIENDLY CITIES AND THE ENVIRONMENTAL AGENDA?**

The data collected in the main study indicated congruence and connection between impending demographic changes (particularly in the area of societal aging) on the one hand, and the environmental agenda (particularly through the application of the newer planning methods) on the other. When the right questions were asked, key informants made immediate links between the newer planning approaches (especially Smart Growth), planning age-friendly cities and the congruence with the environmental agenda. The links among these concepts were ideas such as promoting a 'village concept' or compact city in planning where older adults and other groups could live, work and enjoy recreation within a small area, thus avoiding automobile use. In Ontario's GGH, most planners made reference to the *Places to Grow Act* which promotes densification in the core of cities, mobility, green space and accessibility, all factors which fit with preparing for societal aging and the environmental

**Table 6.11:    Congruence Between the Newer Planning Approaches, Planning Age-Friendly Cities and the Environmental Agenda**

| Excerpts from the Main Study Data regarding the newer planning approaches (Smart Growth, New Urbanism, Sustainable Development and Healthy Cities) and their role in responding to demographic change, societal aging and creating age-friendly cities: |
| --- |
| The 'village' concept is where we need to go. I love the idea of the enviro-city, the compact city. And to provide those services within walking distance you can live, work and recreate in. I think that makes a healthy community. We have finally clued in to what we are supposed to be doing. Europe has been doing it for decades" (PLNR-(U)-06-P4).

'…it's not just planning cities for the elderly but planning inclusive cities that are environmentally friendly cities." (PLNR-(U)-11-P4.

"Right now the Regional Growth Plan [for the Region of Waterloo] is being revised…Smart Growth principles and the environmental agenda are driving it because it looks at providing opportunities to provide services, amenities, etc. without getting into the car. *Places To Grow* has made us think carefully about green space, accessibility, mobility, densification, all these things are being considered in the new Regional Plan." (PLNR(S)-15-P4).

"In terms of Smart Growth, New Urbanism, Sustainable Development, all of these things are about planning both for today and for tomorrow's generations. It started with the Bruntland Report of 1980 something. If we're looking at some of the biggest and largest trends in generations, for example, the aging of our population is one of the most fundamental shifts of our time if not the biggest |

demographic shift. Well, then we need to take age into account. So, Sustainable Development has to include the aging society component and we need to get this into the [planning] codes and build political will in this area." (NAT/INT-05-P3).

"The aspect of Smart Growth in respect to demographics is the intensification factor. It helps the developer and is good for them and it is good for the city because they get more tax revenue. So…the intensification and developer interests really coincide here and this could be used to the advantage of the demographic issues. When [people] say 'I don't want a single family home in the suburbs, I want a condo downtown,' now there we have some good stuff happening" (PLNR-(U)-02-P4).

"In terms of New Urbanism, the Canada Lands Company is going to do a New Urbanist project on Quidi Vidi lake in the east end [of St. John's Newfoundland]. They are converting an old military base. This will have higher density development than usual in St. John's and taller buildings as well. They are also looking at affordable housing for this area, including seniors' affordable housing" (PLNR-(U)-01-P4).

"…Sustainable Development, Smart Growth, New Urbanism, these are all fancy buzzwords to me. It's good planning…and it's also age-friendly and good for everybody of all ages" (PLNR-(U)-04-P4).

movement. In the City of Greater Sudbury, factors such as densification in the core were cited by planners as being important and desirable for older adults but it was indicated that a lack of sufficient transit infrastructure, extremely cold winters and amenities being few and far between were substantial challenges. Table 6.10 further outlines some of the major findings.

## 6.8    CREATING AGE-FRIENDLY CITIES:  OTHER THEMES FROM THE DATA

Thus far in Chapter 6, many aspects of planning for age-friendly cities have been explored, including the further development of the relationship between planning and gerontology. During the dissertation research, two other related themes emerged from the data which are also relevant to understanding how planners can respond to demographic change and societal aging:

a)  Some evidence that older adults are migrating (along with young urban professionals) back to (healthy) downtown city cores;
b)  The lack of a strategic response to an aging suburban population.

### 6.8.1    A Migration of Older Adults Back to the City Core?  Some Empirical Findings

In the initial exploratory study component of the data collection and analysis, planners, developers and other key informants were commenting on a trend some had noticed where seniors and young professionals were returning to core areas described as "healthy downtowns." This led the researcher to include the question *"Have you seen any evidence of seniors returning to the downtown city core?"* in the main study. The query was asked mainly of North American key informants since European and Far East informants are accustomed to densely populated city cores with fairly large populations of seniors as the norm. As shown in Table 6.11, the data collected seem to indicate that informants identified a definite trend towards seniors (often high-income empty nesters) and young urban professionals moving back to the city core. The trend was identified both in Greater Sudbury and in the study cities of Kitchener, Waterloo and Cambridge. While planners and developers lacked hard, empirical evidence regarding the exact nature and extent of the phenomenon, condominium projects, lofts and high-end rental buildings were often marketed to older adults (usually 'empty nesters') and young urban professionals who worked downtown. One developer currently

**Table 6.12:     Evidence of a 'Fifth Migration' of Baby Boomers and Young Professionals Back to the Core?**

| Response of planners and developers to the Interview Guide Question regarding whether or not there is a migration of baby boomers back to the city core: |
| --- |
| "The two subgroups of seniors and yuppies [young urban professionals] are definitely coming back into the downtown core in Waterloo…they were represented in the official plan review of demographics downtown. It simply makes sense because of the type of housing choices that are there for them. If you're a senior, it's easier access to amenities. Waterloo is a very dispersed, car dependent place. As you get older, that car doesn't need to be an option anymore" (PLNR-(U)-18-P4) (Planner, Waterloo)<br><br>"As the aging demographic becomes larger in other cities, the same thing that happened in Victoria [British Columbia] will happen here. The older population will be demanding a different form of housing, they don't want to live in the suburbs, five  miles away from downtown…(PLNR-(U)-02-P4) (Planner, GGH Study Cities of Kitchener, Waterloo, Cambridge)<br><br>"In Cambridge, there is evidence of the elderly going back to the core. The Tiger Brand Factories are being converted into six story condos;  Chartwell [a seniors' housing provider] has a home downtown…seniors want to be close to hospitals and healthcare. They want to be close to |

> recreational and cultural activities" (Planner, GGH Study Cities of Kitchener, Waterloo, Cambridge)
>
> "In Sudbury we are trying to re-develop the core... Dalron Developments has done projects on Ramsey Lake [near downtown] and a seniors' project in the core. These are attracting seniors and younger people (PLNR-16-P4) (Planner, Sudbury)
>
> "...out of implementing Smart Growth strategies has come a city which is quite age-friendly. For example, growth and recreation is being directed towards the core and seniors are returning to the core, along with some young professionals who do not yet have families (PLNR(U)-07-P4) (Planner – North Bay, Ontario)
>
> "Many of my friends and people in the baby boom age group talk about getting out of their suburban homes and moving into a core area. Waterloo has done very well in this area. In Kitchener, Carl Zehr [Mayor of the City] is aware of this and he's trying to do this as well" (DEV-04-P4) (Builder/Developer, pan-Ontario)

completing a project in downtown Waterloo indicated that marketing studies consistently show this is the demographic who will buy in the core: "we are developing our building so that it has lots of open space, an attractive gymnasium, flexible floor plates. It will attract both seniors and the young urban professional" (DEV-02-P4). Table 6.11 presents some of the data collected which indicate that this theme emerged in a variety of settings.

### 6.8.2   An Aging Suburban Population:  a Lack of Strategic Planning Response

An emergent theme from the data was the issue of older adults aging-in-place in segregated and isolated single-use suburbs, an issue which will undoubtedly have significant near-term implications. Specifically, planners must face the issue of retrofitting suburbs in the face of changing demographics, given that so many elderly are suburbanized. An immediate and pressing issue found during them main study (conducted in the midst of the American- and international- financial/banking crisis) related to the sustainability of many suburbs. One key informant familiar with the U.S. experience described the difficulties being faced in suburban areas surrounding the larger U.S. cities in the midst of the recession (February, 2009):

"The retail sector is dying in the States and a lot of malls are going 'black.'  They're bringing in wave pools for kids to keep the lights on [to pay the utility bills]. The States are overbuilt in retail; clients like the Dollar Store, movie theaters and other tenants which used to be frowned

upon are now being courted…So, what do we do with these malls? They are no longer usable and they are large structures representing a lot of investment. [In some cases] they are being converted to lifestyle centres" (NAT/INT-03-P3).

Dunham-Jones and Williamson (2008), in *Retrofitting Suburbia,* analyze current demographic and urban trends and indicate that as the number of households with children continue to decrease, "the greatest threat to suburbs over the next decade is this: there might not be enough people to live in them…The American suburb is dying" (Dunham-Jones and Williamson, 2008, p.3). Dunham-Jones and Williamson (2008) go on to indicate that retrofitting suburbia and shopping malls in particular can bring about 'incremental metropolitanism,' a revision of function which is closer to sustainability than the original intended use.  A Canadian example of remaking a shopping mall emerged from the data when one key respondent pointed to an underperforming retail operation in Ontario:

"A lot of malls are courting the seniors market. In Peterborough there was a mall that died with a hotel attached to it, so they turned it [the hotel] into a seniors' complex and now the seniors use the mall for walking and medical services. The mall supports the seniors' project. So, what do we do with these malls once they are no longer usable for large structures? They represent a lot of investment. [In the U.S.] they are being converted into lifestyle centres" (NAT/INT-03-P3).

In any case, whether it is re-positioning mall usage or redesigning the inner suburb, these are issues requiring further research. Since most people age at home and undoubtedly will continue to do so in the foreseeable future, the issue of how car dependent, inaccessible suburbs will be made friendlier to older adults must be addressed.

## 6.9    Conclusion

The findings presented an opportunity to not only delve into the planners' role in addressing demographic change and building age-friendly cities but they also provided a 'finger-on-the-pulse' as regards the current state of the profession today. For the researcher, it became evident that while gerontologists, seniors' advocates and even developers expected planners to lead in these important areas, the planners' self-perception was at odds with this view. Planners saw themselves as fairly powerless and believed that the lead role should lie with politicians such as mayors, city councilors or leaders at the provincial/state level. Most of the planner key informants presented as almost resigned to their fate as followers. Few had a

strong normative vision of how we should build age-friendly cities alongside gerontologists, developers and other important community stake-holders.

The data also seem to indicate that if planners are to make progress in building age-friendly cities, some important changes will have to take place in the profession. Planners can only become leaders if they believe they can help create their own future, thereby effecting change in important areas of public policy. Visionary skills will be also required, as will the ability for planners to become educators and integrators, the generalists who are able to bring the required stakeholders to the table who can make age-friendly cities a priority . The data indicate that so far as planning for age-friendly cities is concerned, the 'stars are aligning.' In other words, this is the right moment for planners to move forward since other important players (gerontologists, advocates, developers) believe they should be leading. The lessons of the post-WW II period where we planned urban form almost exclusively for one group have been learned. We are entering another defining demographic era where the new tools of planning (Smart Growth, Healthy Cities, New Urbanism, Sustainable Development) can help us achieve age-friendly form in a manner entirely compatible with the environmental agenda. As shall be examined in the discussion chapter which follows, planners may be able to seize this opportune moment in time if they approach the issues of changing demographics and building age-friendly cities in a methodical manner, which builds on past lessons and is truly inclusive and comprehensive in its future approach.

Another theme emerging from the data which helped explain the lack of preparedness on the part of planners in dealing with changing demographics was their lack of power and credibility. Some of the planner key respondents themselves made this clear but more often, developers and social advocates pointed out the dynamic. As shall be examined later, while nearly all key respondents believed that preparing for changing demographics and societal aging fell within the professional purview of the planning profession, few believed that they had the credibility and power (both real and perceived) to make real progress on the issue. The exceptions were planners with long tenure, particularly those who had established close ties with political masters and were seen as agents of change.

Planner key informants often vented their frustration with the lack of progress on longer-term strategic issues during their interviews. Most of these professionals understood that in order to make headway on important matters such as societal aging, the attention of political leaders had to be focused on them. However, in the glare of the media, instrumental and fairly mundane matters became the issues which captivated the public's attention, and then diverted the energies of both the planners and politicians. Evidence of this dynamic was found in both the GGH cities and in Northern Ontario.

**CHAPTER 7:  DISCUSSION OF FINDINGS**

**7.1     Introduction**

In Chapter 6, themes from the major research findings were outlined and briefly discussed. This chapter discusses these major themes. The data from the key informant interviews indicated that planners carry out a variety of functions and that these functions can be grouped according to a short, mid-range and integrated/long-term focus. To successfully plan age-friendly cities, planners will have to concentrate on the mid to longer range functions, a necessary but difficult task given the impediments planners indicate stand in their way. Thus the chapter goes on to discuss how these challenges which are preventing planners from helping create age-friendly cities might be overcome. The notion that planners will need to move beyond the traditional land use planning paradigm in future to embrace a more holistic approach is another point of departure from recent trends in the profession that is also taken up in this chapter.

The organization of this chapter is highlighted by the subheadings that follow this introduction. Discussion begins with the question of just what this study reveals about planners' preparedness to strategically plan for age-friendly cities. It then asks what more will be needed to produce age-friendly urban form.  Answers provided here entail consideration of greater collaboration with specialists such as gerontologists; of generating more intensive research that would build on the findings established here; and of further debating what 'planning' should look like and mean in the 21$^{st}$ century.  Two sets of serendipitous findings conclude this chapter.  Both sets of findings are unexpected in the sense that, while at least indirectly related to the topic of planning for age-friendly cities, they were not anticipated at earlier stages in the research and, indeed, were not even fully appreciated when the study results were first analyzed.  'Serendipity One' concerns convergence. It brings together the many factors that will be required to bring about re-making cities in the 21$^{st}$ century and concludes with reference and comparison back to the WW II era discussed in Chapter 3. 'Serendipity Two' in contrast relates more to the nature of professional planning in the 21$^{st}$ century.  The concern here is with 'bricks and mortar' versus 'people' planning; findings from this research are used to make

a case for a re-uniting of social and land use planning and the inclusion of social matters in future planning initiatives.

## 7.2    Are Planners Prepared to Respond to An Aging Demographic?

A key finding was that while planners were aware of societal aging, the planner key informants interviewed had little depth of knowledge regarding impending demographics, the dynamics of creating age friendly urban form or how the elderly might adapt to it. Surprisingly, while planners generally all seemed aware of the immediacy of demographic change, most seemed to have given little or no thought to what a top-heavy population profile might mean as regards how cities would need to be modified to produce a more age-friendly urban form. Despite probing during the key informant interviews, the responses to questions dealing with these subjects were generally indicative of an elementary knowledge of gerontology and limited exposure to key stakeholders in the community who deal with the elderly. Many of these stakeholders (i.e. home care; community resource teams; non-profits supporting the elderly) could provide much needed advice and expertise to city planning staff but the notion of consulting or striking partnerships with such groups did not seem to be on the planner's radar.

The gaps in planner key informant knowledge did not seem to end at lack of knowledge of gerontology and older adults, it also seemed to extend to the notion of adaptability of urban form. For example, in the international research findings, WHO's Age Friendly Cities Project was described as was Life Course Housing, an initiative developed in the U.K.  Howe (2001), Freshley (2003) and other observers have pointed to the potential benefits of building adaptable housing. The international dissertation research also found examples of housing being designed in the United States which is aesthetically very pleasing and 'main stream' but includes many features which make it suitable for all generations, from young families to older adults.[36] Planners interviewed had very little knowledge of these developments despite their potential

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[36] One example of a universal design house for all generations was found in Prince William County, Virginia. This house/demonstration project promotes the notion that a home can look aesthetically very pleasing yet can evolve to meet changing needs over time. The home includes such features as a bedroom and bathroom on the first floor, a sloped front yard for easy wheelchair access; stacked closets so that an elevator can be easily installed later if required and many other features which would allow easier aging-in-place (www.pwcgov.org/ud).

to rationally and effectively ameliorate the impact of societal aging. The research found that Life Course housing is, in effect, a practical and workable tool available to planners. As city official plans are reviewed, for example, building codes and other regulations could be amended such that some universal design features from Life Course housing could be legislated in new developments with modest cost implications. Despite what would seem to be an important method of planning for adaptable urban form, particularly in greenfield developments and new suburbs, the general concept of adaptability seemed to elicit little in the way of meaningful discussion or insight during the planner key informant interviews.

## 7.2.1   Research Needed For the Age-Friendly City

One key informant pointed out, "If cities were built with the functions of elderly people in mind, then they would be built in a different way." (PLNR-(U)-11-P4). "Different,' to North American key informants, usually meant (at least in part) increasing density in the core in order to create walkable, scalable urban form which was friendlier to older adults and others BUT there remains so much that we do not understand. The implications of these findings inevitably lead to the necessity for further discussion and research as regards the dynamics of planners creating age-friendly urban form. The data indicated that planners are presenting solutions for societal aging which may well turn out to be effective, some of which are advocating for increased density, presenting more transportation options (including walkability) and designing communities which are more compact. Figure 7.1, for example, shows the progression from non age-friendly form to more age-friendly form. The addition of density (e.g. more buildings on the streetscape in the first set of pictures); trees offering shade; improved crosswalks; traffic slowing elements such as curbs and landscaped islands; and the addition of sidewalks are all features which create a pedestrian friendly and a more attractive urban environment for all ages. Thus, while fairly self-evident examples such as Figure 7.1 are easy to understand on a micro level, on a more expansive level (e.g. city-wide perspective), the true depth of planners' knowledge as regards older adults and their potential to adapt to these changes in urban form remains unclear.

**Figure 7.1:     Age-Friendly Street Design**
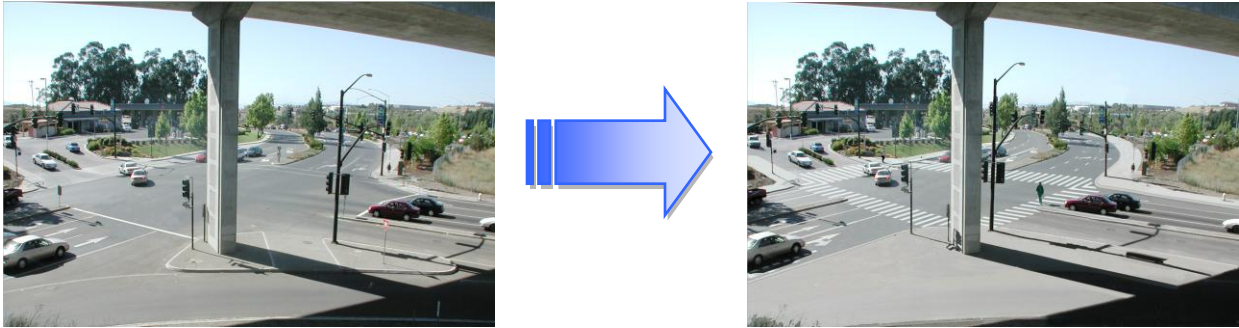
Some specific areas emerging from the planning interviews which require further research in respect to the gaps in our knowledge regarding creating age-friendly cities are suggested below:

i) **What are the 'active ingredients' in creating age-friendly form and how will we know when we are successful?** Important categories in creating age-friendly form (housing and neighbourhood design, access to health and social services, access to transportation, a supportive social environment) have been defined but under each of these, what are the specific 'active ingredients' which will be effective in helping people adapt? Planners and even gerontologists seem unclear as to what exactly needs to change in both urban form and in social planning to ensure success. The very definition or criteria for success in this area is not well understood. Quantitative research to help determine the criteria for success and how achievement will be measured is crucial. This is an important starting point for collaborative work in planning and gerontology, at both the practice level and in the academy.

ii) **What will be the impact of increased height and density on the elderly?** some planner key informants seemed to grasp the potential for Smart Growth to increase urban density and reduce the need for driving among many groups, including the elderly. The question remaining, however, is what is the effect of housing increasing numbers of elderly in a high density environment? As people age and infirmity sets in, will these individuals become prisoners of space just as they would have had they remained in the suburbs or will they be better off? How far can older adults walk and how much mobility can they manage at various life stages? Living in a high density environment usually means having less immediate access to green space such as a back yard. What effect will this have, particularly on baby boomers who have come of age in the suburbs and have enjoyed these features all of their lives? Again, some of these answers will be only become clearer with quantitative inquiry that helps answer basic questions regarding range of mobility (particularly walking) among the various age cohorts of older adults and other issues relevant to aging in high density environments.

iii)    **What can be learned about age-friendly form from places which have been successful at adapting to high numbers of older adults?** Chapter 2 indicated that there are countries (Japan, Italy, some states in the U.S., Florida, Arizona) and cities/communities in Canada (Victoria, B.C., Elliot Lake, Ont.) which have experienced higher numbers and a greater proportion of older adults and seem to have adapted, at least to some degree, to these demographic changes. What are specific initiatives that were carried out to help older adults adapt? What role did planners play in making these happen? How effective were they once implemented? How can this learning be shared with planners in other jurisdictions?

iv)    **What aspects of planners' education must change if they are to better understand older adults?** Planning is a profession with some attitudes that are standing in the way of making progress in planning for age-friendly form. One of these attitudes is the planner's tendency to demonstrate diffidence towards politicians and other powerful figures rather than believing they too can be leaders, drive change and take on a leadership role in important matters of public policy. This issue will be explored herein but it requires research which goes far beyond. Does planning education play a role in this attitude of what seems (at least to the researcher) nearly learned helplessness? Is there content missing in planning education that prevents them from feeling like members of a 'profession' which has important contributions to make? These are important philosophical questions which simply scratch the surface of this issue and that ultimately have significant real and practical implications for the profession.

v)    **How can planners, gerontologists and other relevant stakeholders carry out collaborative research which will deal with societal aging in a systematic manner?** While societal aging and its solutions are not intractable problems, they are complicated ones that will require an inter-disciplinary response. Solutions will essentially require not simply the analysis of best practices but rather the production of new knowledge. How will this be done? Are joint programs in planning and gerontology a good place to start? Can a major, multi-site national study jointly

funded by government and a private foundation be the vehicle which begins to build momentum? It is not solely the issue of helping ameliorate the impact of societal aging that is important, it is also the matter of how do we build a new paradigm which brings together planning and gerontology to jointly produce new knowledge. Partnerships between planning associations, academic institutions and developers to fund demonstration projects which create age-friendly homes/neighbourhoods may be useful in this regard.

## 7.3    Who Will Conduct Research on Age-Friendly Cities: Collaboration

The point was made in Chapter 2 and reinforced in Chapter 3 that combining knowledge in planning and gerontology might well make exponential contributions and advances in each field as regards adapting urban form in a manner beneficial to many groups in society, including seniors. Thus, the question becomes 'How can planners, gerontologists and other relevant stakeholders carry out collaborative research which will deal with societal aging in a rational and systematic manner?'  Solutions will essentially require not simply the analysis of best practices but rather the production of new knowledge. How should this be done? The next section offers some initial thoughts on integrating knowledge and future research in planning and gerontology.

### 7.3.1   Towards Integrating Planning and Gerontology?

#### i)        Seniors' Housing and the Elderly

Both literature-based and primary data indicate a limited amount of knowledge transfer between research in gerontology and urban planning theory and practice. The data collected further indicates that the interstices of knowledge between gerontology and planning are at the 'front gate' of such places as seniors' developments and neighbourhoods. To extend the boundaries of this knowledge, gerontology must move beyond the front gate to apply its expertise to the surrounding neighbourhood. Planning can no longer stop at the front gate and must concern itself with specific principles of housing design. For example, as one key informant pointed out, if age-friendly form is created in the surrounding streets, sidewalks and

neighbourhood and then each house is built with steps leading up to the front door, the integrity of the system is broken ("I ask planners, why do we have to make every home with stairs going up to the front door?" {NAT/INT-05-P3}).

The need for planners and gerontologists to work together and learn from each other was evident throughout the dissertation research.  For example, the concept of environmental press (Lawton and Nahemow, 1973; Kahana, 1982; Carp and Carp, 1984) has been a familiar and useful concept in gerontology for decades. Yet, few planner key informants had an understanding of these important concepts.  A full understanding of neighbourhood design, particularly neighbourhoods which are going to house and support seniors, should consider this sort of knowledge. Framing the discussion more generally, both the planning literature (Burby and Rohe, 1990) and the gerontology literature (Haldemann & Wister, 1993; Wister & Gutman, 1997; Cvitkovich & Wister, 2001) recognize that the elderly have distinct housing needs. The two professions are grappling with many of the same issues but from their own unique point of view, using the tools specific to their areas of knowledge and rarely reaching beyond. While such practice is to some extent expected, there also seems lost potential in this lack of collaboration.  A melding of these two valuable realms of knowledge should take place which will result in an exponential leap in both professions' understanding of creating age-friendly form.

The evidence seems to indicate that preparing for an aging society will in future become a mainstream activity of many urban planners. As generalists who are often expected to bring the specialists together in their community to help solve problems, planners require a holistic view; yet, at the same time, they will need a much broader and deeper understanding of gerontology research and practice. Suggestions to address these issues which emerged from the data were: incorporating gerontology in the curricula of planning schools; establishing academic programs which combine the study of gerontology and planning; and creating research and practice teams with social, heath, urban planners and gerontologists to focus on designing age-friendly urban form.

## ii)      Transportation and the Elderly

Here again the field of gerontology has long recognized that mobility is one of the keys to independence and quality of life for the elderly (Flaherty et al, 2003; Satariano et al, 2004; Raglund *et al.,* 2004). Meanwhile, the newer planning models recognize that mobility is an important concept for everyone, not just the elderly and they emphasize the desirability of concentrating development in core areas and providing multi-modal transportation. Putting these ideas together has the potential to create an integrated approach which recognizes and utilizes the research and knowledge in both gerontology and planning. In fact, as shall be seen, the data indicate that Smart Growth, given its rising influence and recognition in the planning field and its macro-level perspective, has the potential to help integrate findings from gerontology and planning.

The data seemed to indicate how important it is for planners (particularly transportation planners) to engage with gerontologists so that expert knowledge in environmental press, elderly mobility and other crucial areas is considered during the planning process. Gerontologists, on the other hand, would benefit from greater knowledge of the new planning methods such as Smart Growth, Sustainable Development and Healthy Cities, since these approaches operationalize on a macro-level some of the major findings in their own field (e.g. importance of mobility for health, social interaction and social inclusiveness).

## iii)      Seniors and Access to Health and Social Services

For seniors aging-in-place in the community, factors such as access to health/social services and providing a physical and social environment that is supportive have long been known as success factors (Krout, 1986; Wister, 2005). Wister (2005) argues that the physical and social environments may either serve to enhance the health of older adults in the community or act as a barrier, depending on the design of various "direct and indirect pathways to health" (Wister, 2005, p.55). Wister (2005) makes a direct link between the Healthy Communities planning model and the existence of 'pathways to health' such as accessibility to health care and other key services which can be planned for in a neighbourhood or community. Here, the data suggest much common ground between planning and gerontology since both professions

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are searching for optimum methods in which to create "a good 'fit' between older people and their community environment (both built and natural)" (Hodge, 2008, p.254). Key informants indicated that Life-cycle communities, which are designed for all ages including older adults, may be a place where gerontology and planning knowledge can come together. As indicated in Chapter 5, these communities contain houses with special features (e.g. flat access from the street; accessible bathroom and bedroom on the first floor, etc.) and the neighbourhood also has age-friendly features.

Another important theme that emerged from the data is the notion that suburbs are very difficult to retrofit for an aging population and that attracting seniors back to the city core may be a good future alternative strategy. Fishman (2005) argues that older adults are returning to the core. The data herein indicates that there is some evidence to support Fishman's notion. Some key informants argued that the core contains necessary and desired services and amenities for seniors. Therefore, having a greater critical mass in the core can make it more efficient for health and social services to be delivered. There are also other advantages associated with this phenomenon which can help address other aspects of societal aging which will be further explored later in this section.

### iv)    A Role For Social Planning?

A key point emerging from the data is that an important missing element in planning and gerontology is the notion of ensuring that seniors are socially engaged in their communities.[37] While social isolation has been identified as a risk factor for poor health, social engagement seems to have the opposite effect.  Factors such as social engagement, the presence of community supports and community integration seem to be associated with sustained positive benefits in health and health-related aspects of aging (Rowe and Khan, 1998; Tomaka *et al.,* 2006). While planning models such as  Healthy Cities and New Urbanism give some consideration to social interaction and engagement (see Talen, 1999; Lund, 2003; Brain, 2005;

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[37] Social engagement in older adults refers to activities such as "giving and receiving social support, maintaining intimate relationships, and the sharing of self and resources with others." (McPherson and Wister, 2008).

Hancock, 1990), this important element is essentially missing in Smart Growth, an approach which perhaps has the greatest potential in helping planners deal with societal aging.

As indicated in Chapter 3, the emphasis in professional planning circles has in recent decades shifted from physical planning to a more process-oriented form. More recently, the newer planning models seem to have again shifted the more pressing planning concerns back to the physical form of communities. With changing demographics, what is now required is a balance between form and process since both are important in creating age-friendly urban form. Without resorting to the social determinism of the past, social engagement must be considered as an important issue by planners and gerontologists. Designing an age-friendly physical environment (even a specially designed house and neighbourhood such as the Lifetime Communities described in Chapter 5) is a good start but, by itself, insufficient. Planners and gerontologists must go further to ensure, in the words of one key informant, that the mandate for planning is re-defined to include social engagement. The implication is that social planning as a branch of urban planning (which has been in decline for some time) should become an important aspect of practice. The data show that social planning must be integrated with land use planning at every level of government if jurisdictions are to plan holistically for age-friendly urban form.

## 7.4     How Might the Planning Profession Better Respond to Changed Demographic Circumstances in the 21st Century?

Perhaps the clearest theme emerging from the data which helped explain the lack of preparedness on the part of planners in dealing with changing demographics was their lack of power and credibility. Some of the planner key respondents themselves made this clear but more often, developers and social advocates pointed out the dynamic. While nearly all key respondents believed that preparing for changing demographics and societal aging fell within the professional purview of the planning profession, few believed that they had the credibility and power (both real and perceived) to make real progress on the issue. The exceptions were those planners with long tenure at a particular city who had established close ties with political masters and were seen as agents of change. Planner key informants often vented their

frustration with the lack of progress on longer-term strategic issues during their interviews. Most of these professionals understood that in order to make headway on important matters such as societal aging, the attention of political leaders had to be focused on them. However, in the glare of the media, instrumental and fairly mundane matters became the issues which captivated the public's attention, and then diverted the energies of both the planners and the politicians.  Evidence of this dynamic was found in both the GGH cities and in Northern Ontario.

Another aspect of the findings that was mentioned in Chapter 6 was that many planners went to considerable length to explain why it was that they could not do much in the way of strategic planning, most specifically why it was that they had not mounted and implemented an agenda for age-friendly communities. One immediate reaction to all this rationalizing away of responsibility would be to suggest that the professional planner doth protest too much. The real question though remains why so much excusing, 'kicking the dog', and protesting? Overall, the researcher was left with the impression that planning seems a profession beleaguered by a sense of helplessness and powerlessness. Most planners were either waiting or actively looking for a strong political figure to take up their 'cause' of dealing with impending demographics. Some indicated they were pinning their hopes on a visionary developer they could make 'deals' with to make their vision become reality at least in part. However, while many planners were passionate about their work, few strong, visionary leaders were evident in the research sample, a point which is further explored later in this chapter.

The following section offers a glimpse of the state of the planning profession in the 21st Century. While the literature, particularly in planning theory, seems focused on issues such as which type of theory is best to use in practice or whether or not communicative planning is a dominant paradigm, there is little empirical evidence that these matters are of much import to practicing planners.  What was important to planners were tasks such as responding to a mandate from higher levels of government (i.e. changes to the *Planning Act of Ontario*), processing development applications, responding to requests for information and researching issues on behalf of city councils to name a few. As the interviews with key informants progressed and the issues which were foremost on their minds emerged, the author began to

spot a pattern which is discussed in the next section. There was a 'hierarchy of planning functions' starting with the planner who was almost entirely operationally focused and spent very little time focusing on the future. Then another type of planner emerged who had a good understanding of major planning issues, including societal aging. This planner, focusing on the mid-range future, knew that consultation among various professionals and sectors was critical if complex public policy issues were to be addressed successfully. Conspicuous by his/her absence was the 'planner as leader,' which most social advocates and gerontologists assumed existed but, in fact, did not. These categories are discussed more fully below.

### 7.4.1 Leaders Lost in A Hierarchy of Planning Functions?

By aggregating major thematic cohorts of data with respect to the issue of whether or not planners are leaders in building age-friendly cities, it is possible to construct a hierarchy of planning functions as outlined in Figure 7.2.[38] In discussing the dimension of leadership among planners, one could not help but be struck by the incongruence between the reality of planning in the first decade of the new millennium compared to the characterization of the powerful planners of the modernist era presented in the literature and in the academy by such authors as Beauregard (1989); Friedmann (1973); and Forester (1989). The post-war planner, a leader/expert possessed of a strong normative future vision, stands in sharp contrast to the planner of the current era who self-professes to be mired within a bureaucratic system of by-laws and development plans. Although the exception and not the rule, there appeared to be at least some leaders among Canadian professionals interviewed for this research. The key informant responses suggest, however, that most planners did not fit this 'leader' category.

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[38] The various data collection components of the research, which occurred during a prolonged period, allowed the researcher (through interviews, visits and speaking with many players in the planning/development sector) to view first-hand the work of planners in various cities in Ontario and in other Canadian jurisdictions. The typology presented in Figure 7.2 seeks to categorize these findings. As the researcher entered city halls in various parts of Canada, the planning department as an entity was often physically difficult to locate. Planning rarely occupied a prominent location. This also seemed true when entering city hall through a website portal. Finding the planning department and key contacts on line could be done but took much more effort than higher profile functions. It is, therefore, not entirely surprising that most planners interviewed seemed to be stuck in what has been labeled as 'Level 3' (Figure 7.2), or 'Planner as land use cop.' This term was coined by one of the key informants and aptly describes the place currently occupied by many planners in Canadian cities.

Most planners seemed very operationally-focused rather than future-oriented or strategic in their outlook, some even jaded: "when the zoning applications come in, it's often already been through the media. For the big stuff, the big projects, council and the mayor say go for it and then we will get a report from our planning department to see how we do it."(PLNR-(U)-01-P4). While there was certainly a range with respect to autonomy and function, even within Level 1, front-line planners (particularly in low growth areas such as Northern Ontario) were expected to process applications and deal with crises which arose from time-to-time. The latter were often driven by complaints from the public and fueled by the local media.

Level 2 planners, labeled in Figure 7.2 as the 'Planner as consultant,' were also observed during the research. These were often planners with significant experience and a clear confidence borne of that experience. Over the course of years, sometimes decades, they had built rapport with key players such as current and past political leaders, developers, influential business people and non-profit agency leaders. These planners were able to think about issues such as planning age-friendly urban form on an expansive level; just as importantly, they carried the reputational heft to have their views heard. The Level 2 planners encountered had a mid-range focus and were able to look beyond the day-to-day crises and a narrow land-use perspective. This group could focus on medium-range matters, engaging episodically with various stakeholders, politicians and others. They could make things happen by bringing the right people together and because of their relationships and reputation, they would be taken seriously. Level 2 planners resembled consultants within their organizations since they had built up expertise over years and were called in to problem-solve around important issues. This group of planners described to the researcher their ongoing efforts to convince city council, the mayor and other influential leaders that important issues such as impending demographic change must be inserted into the official plan if real changes were to occur. These were individuals often working behind the scenes to ensure that forward-thinking changes were in fact considered by city council when revisions were being made to important documents such as official plans and city-wide strategic plans.

Level 1, 'planner as leader,' is a construct articulated by the researcher yet the concept was referred to by a few exceptionally forward-thinking key informants as an ideal planner who could help create age-friendly form. However, evidence of planners with a long-term focus who could act as integrators across sectors and could think long-term (over decades) was not found in the data. If significant progress on key societal issues such as creating age-friendly form is to be made, it is this type of planner which the academy and practice must produce. When key informants such as social planners, health planners and advocates were interviewed, some seemed to visualize an urban planner as an individual who was a generalist, an integrator with the power to help make age-friendly form happen at the city level.

Level 1 planning implies a perception of a 'go-to' leader, a generalist who can bring important players (from across relevant sectors) together to make things happen. Some astute senior planners clarified that such planner/leaders should not supplant the political leadership ("when a planner thinks they're a politician that's when there's trouble") (PLNR-(U)-04-P4); instead, they would supplement the work of politicians, often behind the scenes. Level 1 planners would have the credibility and track record to ensure important long term issues (such as creating age-friendly urban form) remain on the city's agenda and that progress is continually made over the long term, despite short term distractions. Even as political players changed, they would ensure that long-range plans for city building, ten, twenty and fifty years into the future would remain in focus ("This is our city, we have to make sure that things are done for the long-term...planners are good at 10, 15, 100 year decisions...the political decision is the term of the politician")  (PLNR-(U)-04-P4).

Another route to becoming strategic and pro-active involves enhancing the planner's credibility through developing vision and emphasizing an educational role. While the data indicate that planners, developers and political leaders have far to go before the approach to impending demographics and creating age-friendly cities can be considered proactive, some key informants had thought deeply about the issue, both at the local and international level.

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**Figure 7.2:** **Hierarchy of Planning Functions:  planners as leaders in building age-friendly cities?**

**LEVEL 1**
(evidence implies this should be the case but is not)

**PLANNER AS LEADER**
The strategic, credible, "go to" leader able to integrate and educate many stakeholders

**Integrated long-range focus:**
➢ Operates across sectors: land-use, health, social, housing, etc.

**LEVEL 2**
(some evidence found in data)

**PLANNER AS CONSULTANT**
The expert, directed by political leaders, with some capacity to meaningfully engage with stakeholders

**Mid-range focus:**
➢ Episodic interaction with other sectors

**LEVEL 3**
(extensive evidence found in data)

**PLANNER AS LAND USE "COP"**
The operational planner who processes land-use applications and handles crisis issues for city council

**Short-range focus:**
➢ Limited consultation or interaction across sectors

The role of urban planners cannot be consumed by the day-to-day crises which inevitably emerge in the daily workings of municipal government. This is not to say that such work is unimportant but rather that it must be viewed in its proper context. Planners must ensure that the mainstay of their work is to help create and maintain a long-term vision which will become the guide for creating urban form years and decades into the future. Planners will only attain this level of achievement once they are able to establish credibility in the eyes of the public in general and political leaders in particular.  Moreover, to help political leaders solve complex, intersectoral policy issues such as creating age-friendly cities, planners must move beyond working in an isolated manner.

**7.5 Being Strategic and Pro-active: Age-friendly Cities for Seniors or Cities Friendly for All Ages?**

Data collection and analysis throughout the main study indicated a definitive and pronounced theme of the importance of creating age-friendly cities, not simply for one group (seniors) but for all groups. This theme often emerged when interview guide probes were used in conjunction with questions related to the issue noted previously as to whether planning should be done under one large umbrella or many smaller ones. For example, one planner key informant observed:

"Planning, along with everything else, is about managing change. You will miss opportunities to do innovative things if you ascribe to the one-size-fits-all philosophy. So, this [impending] demographic bulge will be at the leading edge of creating cities that are better for everybody, not just the elderly" PLNR-(U)-02-P4).

This theme seemed to emerge, regardless of whether key informants were in Canada, the United States, Europe, or Japan. A significant number of key informants, not just planners, but also academics with special knowledge of the issues and experts operating on a global scale in the field of aging/gerontology indicated that planning for demographics presented an opportunity, the magnitude and significance of which was unique in the post-WW II era. Thus, the data seem to suggest that such an opportune moment in planning history should, from a societal perspective, be used to maximum effect and benefit for everyone (including seniors) by encouraging: inclusive long-term planning, densification (particularly in the core), increased mobility options and combining social planning with land-use planning.

Key informants often made the point that long-term planning for age-friendly cities should consider all groups. This was seen as critical because it will determine how we will build cities for the next 50-100 years and beyond. Planners in particular were aware of the professions' mistakes, both past and present (suburbanization, sprawl; the lingering effects of modernism); now that we are better informed, the point was made that we should take more care to be more inclusive:

"…if we are planning for an aging society, we must think about people of all ages, not just older adults. If we plan for one particular group, we will end up with a particular

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environment that won't fit the rest of the needs. So, in the 40's and 50's we were looking at automobiles and young families that created an infrastructure that was very difficult for pedestrians and for bi-modal transportation systems…we continue to live with this" (NAT/INT-05-P3).

A health planner observed that "I think in relation to not just seniors but young families as well we need to be considering Smart Growth and Sustainable Development. So, if you can make things compact and accessible, we are totally reversing what we have done over decades" (PLNR-(H)-03-P4). An urban planner argued that "if you plan for the very young and the very old, you get at age-friendly environments generally" (PLNR-(U)-13-P4).

Mobility often emerged as a common need for all ages in a city. The importance of multi-modal transportation, particularly for older adults and the young, was seen as the glue which helped make the components (densification, increased access to amenities, building community) of creating age-friendly urban form work. Accessibility and multi-modal transportation were viewed as potentially beneficial to a diverse set of age and income groups. One international key respondent who had worked extensively in Europe, for example, indicated that good transportation could meet the needs of "low income people who do not have cars, needs of teenagers who don't yet have cars and seniors who no longer have cars" (NAT/INT-04-P3).

While the inclusive approach to creating age-friendly form for everyone (not just seniors) described above was a view strongly held by many key informants, some limitations in this line of argument also became evident. The sheer enormity of the baby boom generation has ensured that planning for this cohort has been a priority throughout their entire lives from post-WW II to the present (Hodge and Gordon, 2008). Baby boomers are now among the wealthiest, most politically savvy and powerful members of our society. Since the cohort covers approximately three decades, they will age in successive waves over the years and many will be at the apex of their influence and wealth as they retire. Thus, it seems rather naïve on the part of planners that they will be dealt with as simply one more group among many. One key respondent had thought deeply about 'big umbrella' vs. 'smaller umbrella' planning:

"We've been planning for the baby boomers all along. We had the rise of youth culture, not because they were necessarily different but because there were more of them. We had to plan for them so we started with playgrounds and schools in the 60s and 70s, a whole wave of

apartment buildings as they moved out of their parents' houses. Then [we had to plan for] suburbanization when they had kids. Now, we are into another wave, so we have responded to each successive wave of baby boomers. We have had seniors forever and cities forever but this will be different. The numbers are going to cause planning to recognize that big umbrella planning has not done what we wanted to do. Those who are consulted in the planning process are the ones who get their needs met. Here's the bit where the theoretical does not necessarily meet the practical. The theory is that all are included, everyone has equal involvement and opportunity. But in reality, this is not true. We work under this umbrella theory that planning is inclusive but it's not. Planners are not ready for what's coming. As baby boomers become seniors, they are going to be the most well-educated, politically savvy, wealthy, and connected people. They are on the ball and used to being in control, they will know how the planning process works and how to influence plans. The planning system is actually broken but they will re-make it to work for them" (PLNR-(U)-14-P4).

The key informant quoted above presents an opposing dialectic to the prevailing planning theorem which simply 'lumps' seniors in with everyone else because no one deserves special treatment in an inclusive democracy such as that which has more or less evolved in Canada. Likely, the view that the coming demographic bulge of aging boomers can be treated the same as all other groups in society from a planning point of view will prove to be unworkable for at least two reasons which the data made evident: firstly, the number and proportion of older adults is unlike any group in the past, therefore, a special response will undoubtedly be required. In other words, the magnitude of the sheer numbers of older adults alone will be sufficient to evoke a unique response; secondly, many in this cohort will be articulate, politically savvy and connected, and "will be four times richer than younger people" (NAT/INT-13-P3). The baby boomer group comprises those who have power to influence and shape the public policy agenda because they are the planners, politicians, law makers, journalists and many other influential members of society. While politicians and policy makers may well have a fiduciary and moral obligation to all societal groups, as indicated above, it is also likely that a large, powerful and articulate majority will remake the planning process to meet their particular needs as well, as pointed out by the planner/key informant above.

**7.6    SERENDIPITY ONE: 'Convergence' of Conditions That Encourage Building Age-Friendly Cities**

Over the course of the field research it was observed that in some core areas significant change that might be loosely termed 're-urbanization,' had taken place. While this kind of inner-city change does not appear to have been the product of fervent optimism such as that which accompanied the building of suburbia in the 1950s, it does not appear to occur just anywhere. Rather, places with amenities of all sorts and where infrastructure was already present, seemed to be the ones that had incurred the new styles of re-development. For purposes here this central-city re-urbanization is important because it shows that building on the downtown core can render a community more age-friendly. The notion was made even more compelling because the newer planning models tend to recommend adding density to places where it already exists. Added to this was the data suggesting that in Waterloo and other cities with healthy downtowns visited, some older adults (empty nesters) and professionals without children were moving back into the core. As a result, the author observed various downtown areas while interviewing planners in an attempt to distill which 'active ingredients' may be useful in helping build age-friendly cities. It seemed that there was a convergence of certain conditions or pre-cursors which were present and that these seemed to encourage urban form which was friendly to many groups, including older adults. The results of the observations made during the research interviews and site visits are discussed in the section below.

*i)        The Existence of Sufficient 'Profit':*  many planners and developers seem to have thought deeply about the importance of the profit motive as a driving force for any particular planning initiative, and, concomitantly, its power to bring about changes in urban form. The point was made repeatedly that developers are often the leaders in responding to a market niche, which will then create new urban form; however, developers are unable to do so unless sufficient profit is present in any given situation. One key respondent observed that:

"Developers get a pretty bad rap and it may at times be deserved but they are business people and most of them are good people. They need to find a way to make a fair return on their investment and to provide a product for the community that is needed and useful. But, you

have to make a fair profit on it or it just doesn't work; regardless of subsidies, there has to be enough profit in the deal or it goes nowhere" (PLNR-(U)-04-P4).

The importance of the existence of sufficient profit as a factor in determining built form was multi-dimensional; it was important not only at the micro-level, where it determined the viability of any given individual project, but also at the macro-level, where its existence could help create the other conditions necessary such as increased densification and mixed use. As indicated earlier, the idea that the private sector was the leader in carrying out projects which could create age-friendly form seemed a given among both the planners and developers interviewed. Thus, while public-sector policies (whether municipal, provincial/state or national in origin) were seen to help create the right environment, it was market forces in general and the existence of sufficient profit in particular, which ultimately determined whether or not change occurred in the urban environment. As one planner indicated, "...planners can enable change but it's only when the market takes hold that change will happen. I think it's too bad but the city doesn't have control over this, it's got to do with the markets...We are still in a capitalistic society, things only happen if there is a [sufficient] return, not because planners think it's a good idea."(PLNR-(U)-08-P4). [39]

*ii)* ***The Existence of Legislation Encouraging Increased Density:*** respondents seemed to place little emphasis on the particular technical label of planning approaches such as Smart Growth, New Urbanism, Sustainable Development or Healthy Cities, but they did seem to appreciate the power of such legislative tools to help encourage density in central business districts and in other prime nodal areas. Planners, developers and some national/international informants noted that densification was one of the keys to building age-friendly cities, particularly in core areas. Referring to the more recent developments in the planning field, one key informant indicated, "Previously we talked about Healthy Communities but then Sustainable Development took over and it was the buzzword. Now, it's about Smart Growth.

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[39] It was observed that critical mass (e.g. the overall size of the potential market for a given project) was an important element in determining whether sufficient profit would be present. Here, cities have the clear advantage over smaller towns and villages since larger populations imply a greater critical mass and thus a greater appetite for private sector projects.

Many of these things are simply flavor of the day, when what we really need to look at is appropriate development" (PLNR-(U)-06-P4).

Another key informant observed that "Whether it is called Smart Growth or New Urbanism or Sustainable Development or even the environmental movement, much of this is really designed to get people back into the city core to get the population densities back up" (NAT/INT-01-P3). Ontario's *Places to Grow Act*, essentially a Provincial growth plan for the Greater Golden Horseshoe area, emerged from the data as a good example of legislation which has reset the planning rules in many of Southern Ontario's cities. The *Places to Grow Act* has Smart Growth principles embedded within it, and the legislation's authority over-rides the official plans of the cities within its jurisdiction with respect to where future growth should occur (Sajecki, 2006). Most planners, including some social and health planners saw the *Places to Grow Act* as a move in the right direction in respect to creating age-friendly urban form because it begins to address the issues of mobility, proximity and even inclusivity for elderly people and other groups. One key respondent made the connection between Smart Growth legislation such as the *Places to Grow Act* and their ideal vision of an age-friendly community:

"This [interview] is the first time I have made the link between Smart Growth and planning for the elderly. It is important to build urban form that is good for everybody but if you plan for the elderly, you are also planning for the roller bladers, the person in a wheelchair, those in a scooter. So, you are not just planning for the elderly, you are making urban form better for all these other people too... My ideal vision of an age-friendly city is a city that has a commercial street and has a lot of small stores so people know each other. Elderly people can be a bit of a 'cement' in society because they have more time so they can talk to people and so on, so there would be interaction on the street. There would be facilities for elderly people...It would not be a segregated area in terms of types of housing. There would be some green space, vibrant green space where you can go, and a square to play chess and those sorts of things. That would be my vision. It's like a small town environment that you are reproducing. When I think of happy elderly people, somehow, I always think of the South of France or Italy. The people know each other and have lived in the area for a long time..all their world is close" (PLNR-(U)-11-P4).

This vision of a small town environment where the elderly were able to live fulfilling and independent lives, all the while integrated with other groups in the community seemed to be an important visual image or archetype on the part of planners and some developers. When key informants were probed in respect to how Smart Growth might help North American Cities

adapt to impending demographics and the growth in the elderly population, often the archetypical small European town (more or less as described above) was conjured up as the preferred future vision. In the minds of planners and some developers, it was density, achievable through Smart Growth legislation or greater adherence to the principles of sustainable development, which ultimately would lead to the small village archetype described above that seemed to be the driving force for change.

Some of the developer key informants viewed density as important for reasons quite different from planners. Developers saw impending demographics as an opportunity to change urban form for the better and seemed to believe that densification of core and nodal areas was an important aspect of this dynamic. One developer involved in a large project in Waterloo, a city which is currently experiencing densification of its downtown core, talked about the importance of the *Places To Grow Act* in responding to two particular groups: the (high income) elderly and young urban professionals. This particular developer's business model was driven mainly by responding to the opportunities presented by these two demographic cohorts, and was essentially made possible by legislation which enabled significant densification in desirable core areas. While the developer experienced a good deal of NIMBYism from neighbors close to the new proposed building ("what I see is resistance to *Places To Grow* from local neighbourhood people rather than by the planning department"), this particular developer believed Smart Growth legislation is the way of the future if, as a society, we are going to respond to demographics in a manner that is logical and effective:

"…you have to intensify if you want to solve traffic issues, if you want rapid transit to work. You need lots of people in one location… Infrastructure costs for every municipality in Ontario is also an issue. If the city wants more people to build in the uptown area, they need to give incentives. By 2014, 45% of new housing must be built in existing neighbourhoods. This is the Smart Growth legislation [*Places to Grow*] and this is important. Yet we have to make the public aware of this. How do we deal with NIMBY? How do get enough density to support light rail transit? All this stuff fits together in the core. Seniors are moving back and if you have more density, they won't have to use their cars as much. For example, they can go to Toronto on the transit system and it all makes sense, and it's good for the environment, but there is lots of work to do yet to make it happen. A grocery store, shopping, it all has to be thought through" (DEV-01-P4).

Further in the interview, the developer makes the point that this vision will most likely be driven by the developers: "The private sector rather than the non-profit sector will make this happen. The profit motive has to work, the business model has to work or none of this happens" (DEV-01-P4).

***iii)*** ***The Existence of Benefits to Multiple Groups in Society:*** the theme that age-friendly urban form is more likely to become a priority in the public policy arena if it benefits many groups rather than just the elderly was quite prevalent in the data. This notion was expressed by numerous key informants in North America and also internationally in such places as England, Northern Europe, Australia, Israel and elsewhere. Some key informants with significant field and/or research experience argued that the term 'age-friendly' should refer to all ages and not simply seniors. As already discussed, most key informants were adamant that planning should not cater solely to seniors, but that it should benefit multiple sectors of society. Key informants were probed on the issue of whether planners should be planning under one 'big umbrella' which covered everyone in society, or rather, have many 'little umbrellas' which covered smaller groups with special needs. Invariably, planners and other key informants became uncomfortable with the notion that planning should be undertaken using many small umbrellas which cover specific groups and interests in society. One national/international key respondent summed up the issue by observing that "As soon as you entertain the notion that one size does not fit all [referring to the big planning umbrella], you are lost. Then, do you need five sizes for everyone? Or, is it ten sizes, or do you then need half-sizes? Then, everything has to be perfect for everyone and then you have created a problem for yourself that is so complex and on such a scale that you can't make progress. You spend years spinning your wheels. You are truly lost" (NAT/INT-10-P3). When informants were further probed on this point, many had thought through the issue of planning for aging demographics beyond these polarized dimensions. Some key informants who had thought deeply about planning for a special cohort such as seniors were able to resolve the dilemma it presented by accepting that such practice is acceptable only to the extent that it benefits multiple groups. The theme which seemed to emerge from the research was that any shift in policy directions which benefited seniors (e.g. creating age-friendly cities) would be much more likely to come about if many groups, including

children, young mothers, those with disabilities and other vulnerable groups all benefited from the changes. One key informant also pointed out the importance of 'packaging' such policy changes:

"A lot of what you're going to do for the elderly and the city is going to help just about everybody. It's like a traffic light where you have ten seconds to get across the street, and you know that you're not going to be able to do it. If you change the light controls to give more time, you are benefitting everyone. So, things you do that you think are perhaps just for seniors are really good for everybody. They [these changes] are going to help many people. The problem is that people don't want to do things just for seniors because we value youth, we value families…So, it's a matter of packaging to get this passed. People have to say 'everybody needs a smooth sidewalk, everybody needs a kneeling bus, it's these things that make life more tolerable for many people. It's good for disabled people, good for the mother of a young child who has to carry heavy grocery bags home. A smooth sidewalk will make a difference to her and many others. It doesn't matter how many umbrellas we have to have from a planning perspective to cover all these groups. It's how you package the matter and sell it, how you spin what you want to do" (NAT/INT-01-P3).

"If you get disproportionate [planning for one particular group], it could get unhealthy…if we make our communities better for older people in terms of mobility, accessibility, etc., experience and research seems to show that you are making it better for everybody" (PLNR-(U)-08-P4).  As illustrated in Chapter 6, using methods such as universal design to make cities friendlier to people of all ages as well as creating neighbourhoods which serve multiple age-groups and generations were seen as the way out of the dilemma of appearing to devote disproportionate (planning) resources to one particular group such as the elderly.

**iv)      Congruence With the Environmental Agenda:** another factor which will be more fully explored at the end of this chapter is the relationship between planning age-friendly cities, the newer planning approaches such as Smart Growth and congruence with the environmental agenda. The notion that increased density in cities (which, in turn, leads to increased proximity of important destinations) creates a more age and environmentally friendly urban environment is a powerful one. The environmental movement has taken more than a generation to reach the mainstream. The movement has now attained legitimacy and its precepts are being taught to a new generation. Thus, the fact that making cities more age-friendly (or perhaps more

specifically, making cities friendly to all ages) will also be helpful in advancing the environmental agenda and will become a key factor in its success.

**v)      Creating the Conditions for a 'Virtuous Cycle" of Successful Planning For Age-Friendly Cities:**  all of the pre-conditions noted above which seemed to increase the likelihood of planning strategically and pro-actively for age-friendly urban form, namely the existence of sufficient profit; legislation requiring density and mixed use; a convergence of common benefits; and congruence with the environmental agenda, were in themselves found to be important. However, the data also seem to indicate that the sum of all of these factors and conditions was greater than their individual parts. For example, in cities such as the City of Waterloo (and to a lesser extent, Kitchener and North Bay, Ontario) several of these factors seemed to be present as significant changes to urban form have taken place in the past several years. In the particular case of the city of Waterloo, as more of the pre-conditions mentioned above were introduced, an exponential effect seemed to occur where a certain level of critical mass was attained and what appears to be a 'virtuous cycle' in respect to making the city friendlier to seniors and others has emerged.  Describing the case of the city of Waterloo and how pro-active and strategic planning over many years seemed to create at least some of the fertile conditions for friendlier urban form is useful to illustrate this point.

Planners have worked for many years in the City of Waterloo to establish a regulatory environment enabling densification of its downtown core. The Waterloo Height and Density Study made recommendations as early as the 1990s in respect to increasing the population in the core area (PLNR-(U)-04-P4). The *Places to Grow Act of 2005* then added increased legal and political legitimacy to this direction. A temporary (three year) holiday on charging development fees in certain areas of the downtown core was also enacted to encourage development in the core. Development fees can be a very significant cost for large projects. Eliminating this expense altogether helped to ensure that there was sufficient profit in individual projects, which increased the feasibility that they would be built (PLNR-(U)-04).

These significant policy changes thus began to introduce two of the preconditions for changing urban form: legislation requiring density and mixed use in the downtown core and helping

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create conditions where there is sufficient profit in individual projects so the likelihood that they will be built increases. These policies, alongside Waterloo's well diversified, strong local economy and the presence of well-educated, high-income seniors, resulted in some significant projects being built in or very near the downtown core:

➢ In 1998, Luther Village on the Park, a large non-profit, 20 acre seniors' development with multiple levels of care was built which now houses nearly 500 residents;

➢ Terrace on the Square, a large retirement home, was built in the core of Waterloo in the late 1990s;

➢ Waterloo Square, a tired, decades-old shopping mall at the centre of downtown Waterloo, has received millions in renovation over the past several years and is now an attractive destination containing restaurants, coffee shops and specialty retail stores. A large accounting firm recently moved its offices downtown and several other smaller firms have now moved into the commercial area of the mall;

➢ Beginning in the early 2000s, the historic Seagrams' Lands in Waterloo's core began to be revitalized by developers. Now (2010), the site is home to two residential buildings (Seagram's Lofts); the Institute for International Governance Innovation; two restaurants; a real estate business and a mixed use residential/office building. Soon the Seagram lands will also house the Balsillie School of International Relations and the Balsillie School of International Law, a partnership between the University of Waterloo and Wilfrid Laurier University;

➢ A significant parcel of land across the street from the Seagram Lands, now known as the Barrel Yards, has received approval for 1000 housing units, a commercial development and a luxury hotel;

➢ The Bauer Lofts, another large residential project, was recently built, along with specialty retail and a high-end restaurant along the streetscape;

➢ 144 Park Street, a residential building also in the core, is currently being developed and marketed;

➢ A multi-national insurance company with one location near downtown purchased and revitalized another older mall known as Westmount Place, also near the core (within the area free of development fees) which has brought business back to this area.

Thus, the City of Waterloo seems to have been quite successful over the past decade or so in attracting development and increasing density and mixed use in the downtown core. While attribution for such success lies in many factors, including a city council and planners who long ago saw the benefits of increased density in the core (PLNR(U)-04-P4); PLNR(U)-08-P4), the first two pre-conditions discussed above (legislation requiring density and mixed use and conditions encouraging sufficient profit in projects) seem to have firmly taken hold in recent years and have contributed to a critical mass of development. The core area, referred to as 'Uptown Waterloo,' now also seems to attract the groups described by Fishman (2005), namely older adults and young urban professionals. Downtown residents include: seniors living both in their own homes near the core and in two large residential developments built in the last decade (Luther Village on the Park and Terrace on the Square); students attending two local universities; national and international scholars at the Perimeter Institute, the Centre for International Governance Innovation and soon, the Balsillie School of International Relations/ International Law School; and young urban professionals who work in the high technology, finance and insurance sectors. This pattern seems to fit Fishman's (2005) notion of the re-urbanization of downtown cores.

Planners now recognize that these groups, along with business owners and others living in or near the core, seem to have a convergence of common interests in making the core area successful, which is another of the pre-conditions discussed. Finally, planners, politicians and developers in Waterloo have also come to understand that these successful initial (yet significant) steps can now be leveraged even further by adding light rail transit to the core.

Thus, a virtuous cycle seems to have developed in Waterloo's core. It began with the advantages bestowed upon the city by geography (close to Toronto and Pearson International Airport and located in the heart of the prosperous GGH), the presence of two universities (one with a forward-thinking School of Planning and a strong program in health studies and

gerontology) and a highly diversified and successful local economy. Forward-thinking city politicians and planners  ensured policies were implemented which encouraged core intensification. Enticements were added, including a holiday on development fees in the downtown which helped further ensure sufficient profit was extant in large projects. The Provincial Government (through the *Places to Grow Act*) then set out density requirements for core areas of cities such as Waterloo, which is located in the Greater Golden Horseshoe. Ultimately, these initiatives led to a resurgence of distinct but complementary groups (seniors and youth) moving back to the core. Now, (2010) as a greater critical mass of density is attained, the virtuous cycle can be strengthened even further by adding light rail transit and yet more mixed use development. The result of all of these initiatives is the provision of more common benefits, not just for seniors but for everyone.  These common benefits will result in a city which is more sustainable, more environmentally friendly, more age-friendly and, ultimately, better for everyone.

Despite the above-noted example of success in re-vitalizing urban form, one cannot help but be struck by how our view of cities and urban form are, at least to some extent, embedded in and influenced by our overall view of the future. More specifically, the contrasts between the first decade of the 21$^{st}$ Century and the 1950s post-WW II period are particularly poignant. The 1950s were an age imbued with optimism, with economic growth, with demographics characterized by a predominance of young families and an overriding belief in the power of science to change the human condition. In planning and city-building, this optimism manifested itself in a belief that urban form could be renewed and remade. It was a visionary age built on the belief that a modern utopia could finally be within reach, an especially poignant and compelling view given that the hardships of the Great Depression and WW II had just passed.

Today (2010), our view of the future contrasts sharply with the 1950s. Optimism seems to have been displaced to some degree by cynicism and doubt. Economic growth and belief in the power of science to change the world have resulted in the negative externalities of environmental degradation and climate change. A belief in utopia has been replaced by the reality of dystopia. Demographic forces are shifting from the young to the old. Planners no

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longer seem to be visionary leaders, perhaps in part due to the myriad disappointment and negative reactions to modernist planning. In such a context, how does one engage people in city-building? While still very much possible, different strategies will be required because we are now responding to negative externalities and fixing past problems rather than beginning with a fresh slate.

**7.7    SERENDIPITY TWO: A Role For Social Planning?**

If we are to rationally and effectively plan for impending demographics, then it must be recognized that the traditional silos where planners are concerned mainly with land use issues, and leave social and health planning to others, must come down. The data indicated a significant, recurrent theme regarding the necessity of moving beyond land use to adopt a more holistic view of planning for impending demographics for all ages, including older adults. One key respondent indicated "there could be a lot more contact between planners and those in health and social services" (PLNR-(U)-01-P4). In the study cities selected, while there were notable exceptions, urban planning and planning in the health/social services sector generally seemed to occur in fairly distinct silos. Adding to this dynamic is the fact that developers were more often than not the driving force in creating urban form: "This is the problem with planning and silos. Planners know that there should be more age-mixing and that these things should happen by planning together but it is driven by the developers, not planners" (PLNR-(U)-01-P4). One planner with decades of experience observed that:

"The *Planning Act* is only concerned with physical planning, where are the social, cultural and recreational components?...We need a more balanced approach...The planners' focus has been too much around physical land use. The real question is how do we feel good about our place in the world? Most of this is concerned with the social and community realm rather than the physical realm" (PLNR-(U)-08-P4).

The necessity of using a comprehensive and holistic approach to create age-friendly urban form was found to be a recurrent theme. The data clearly indicate that real progress can only happen if various sectors are brought together to move beyond the limited realm of the land use perspective so prevalent in today's practice. Holistic planning means bringing urban, health,

transportation and social planners together and also looking for opportunities to increase social cohesiveness among various groups, particularly the young and the old:

"We need a more balanced approach to planning where we help one group by improving the connectedness with other groups. With older people, if you want to make their lives better, start with teaching younger people about older people at an early part in their lives. We need to create a different perspective on older people starting at a very young age, even in kindergarten" (PLNR-(U)-08-P4.

Commenting on social integration and demographic trends which indicate that generations within families are increasingly separated by physical distance, some informants argued that these dynamics make for a planning challenge as well. For example, one informant in Southern Ontario argued that suburbanization and commuting long distances to work has had some deleterious effects on social integration:

"Now we have a crisis [referring to suburbanization and the peak oil crisis], we also have a crisis of social integration because I drive everywhere to attend to the activities of my young family rather than integrate into my neighbourhood or community. Everybody used to have a buddy on the block so if an older person was no longer visible, you checked it out. We went and checked it out as a member of the community and you had a relationship with that person where it was okay and, in fact, it was expected you would make sure that they were okay. If I went and checked an elderly person right now, they probably wouldn't open the door because there is no relationship and I don't know them. They don't know who the heck I am. So, we have isolated people even within their own communities. So, now we have a generation that would look at that situation and say, 'well that's for the government to care for that person, that's not for me and my family to do,' so attitudes have changed. The intergenerational care and sustaining of life no longer happens to the extent it used to happen. Also, the generations are separated, children are living not only in another city but, in fact, often in other countries from their parents and grandparents and this doesn't help the dynamics described" (PLNR-(H)-03-P4).

Notable exceptions to the narrow, land-use planning perspective were also found in the data. In these exceptional cases, impending demographics were viewed as an opportunity to help integrate urban, health and social planning. For example, in the GGH Regions of Waterloo, York and Halton, studies have been (or are currently being) undertaken to examine seniors' health, mobility and related needs. Several informants indicated that these studies were often led by the public health departments in each region and involved a consultative process where representatives from planning (both urban and social), the police, the transit authorities, social

services, the libraries, museums and other groups all worked together at the table (PLNR-(S)-15-P4). In Northern Ontario, in both Sudbury and North Bay, similar but much less formal planning seemed to occur where urban planners often did meet with their counterparts in health, social services, housing and transportation. In such smaller centres, these quasi-official processes seemed to augment and inform the more official planning taking place. As one planner observed, "our kids play hockey together, we know each other personally so it's only natural that we work closer together professionally" (PLNR-(U)-07-P4). This dynamic was also evident in rural areas peripheral to the Region of Waterloo. For example, the North Waterloo Health Care Alliance which operates in some smaller rural centres north of Waterloo also seemed to be quite successful in bringing the various planning functions together, with evidence of a dynamic similar to that found in Northern Ontario (e.g. greater personal and professional familiarity between the players): "these guys [health and urban planners] are a tight-knit group…They are integrated in the way they plan" (PLNR-(H)-03-P4). Perhaps further research can explore whether larger centres may be able to learn from these small but integrated and naturally occurring rural planning frameworks. One key respondent suggested an innovative way to conceptualize such practices in larger urban centres:

> "So, maybe the way to transpose this model to a large city is to think about what happens in each section of the city. If you look at each section of the city, how accessible the hospital is, how accessible long-term care is, homecare, what about schools and churches? Can urban planners think about city neighbourhoods this way, and then integrate planning with those social and health planners that are responsible for those areas? This may be a thought" (PLNR-(H)-03-P4).

In summary, the issues of inclusive and comprehensive planning seem as important in practice as they are in the planning literature. The important point, however, is that any planning model which is developed to help planners prepare for age-friendly form must consider how to move forward in this area.

### 7.7.1   The Reluctance on the Part of Planners to Plan for Specialty Groups

Another important theme that emerged was the notion that planners must overcome their resistance to planning for specialty groups (seniors) and increase their knowledge of gerontology if they are going to play a significant role in creating age-friendly form. As the baby

boomer cohorts begin to enter their senior years, there is little doubt that planners will need to confront seniors as a special group requiring special consideration.[40] The unprecedented size of cohort, alongside its political power and considerable wealth compared to previous generations, will undoubtedly force planners to reconsider their "one planning approach for everyone" mentality.

The tendency for planners to address problems from this unidimensional perspective seemed to be deeply rooted in their education and their later on-the-job training. Planners are trained to plan for all societal groups. Therefore, paying particular attention to one cohort, such as older adults, seems somewhat antithetical to their training and professional values. As a result, it is not surprising that while planners see learning more about gerontology as desirable, it is also viewed as simply another specialty to bring into the planning process as are traffic planning, engineering and architecture.  Hodge (2008) asserts that "…if a community wishes to provide its aging population with an enabling environment, one that will help maintain their independence, it needs a plan at the community-wide level" (Hodge, 2008, p.243). Hodge (2008) then goes on to describe a (pro-active) community planning process which is specifically aimed at seniors. If we are to plan such 'Senior-Smart' communities, then increasing planners' knowledge of social gerontology far beyond the basic level indicated in the data will undoubtedly become a pre-requisite.

To become pro-active in planning for age-friendly form, planners will have to re-examine their attitudes and values towards planning for a particular group. In the next decade, as baby boomers move into the seniors' cohorts, they will likely significantly influence the policy and planning agenda, as they have at each developmental stage in the past. Being pro-active in planning for this eventuality will mean developing increased planning expertise exclusive to these cohorts in order that the response can be a rational, strategic and effective one. It will also imply a shift in planning's focus to those stages of the life course (i.e. childhood,

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[40] One senior city commissioner in the Greater Golden Horseshoe, referring to the unique planning initiatives discussed on p.188 indicated that "it is the vocal, well-off seniors driving these sorts of initiatives in the 905 area code (the telephone area code for one part of the GGH)." Several key respondents expressed similar views that in the GGH cities, wealthy, well-connected boomers would change the way planners would do business in future.

adolescence, adulthood, older adulthood) which we all share, an approach which may help ameliorate professional planning's current reluctance to deal with specialty groups.

## 7.8    Congruency, Opportunity and Challenge:  The Newer Planning Models, Creating Age-Friendly Cities, the Environmental Agenda and Obsolescent Suburbs

Many key informants in the study cities commented on the importance of levering the demographic bulge in societal aging to help build a more densely populated, vibrant city core with mobility and transportation for the elderly and other groups as well. "Smart Growth, New Urbanism, Sustainable Development, the environmental movement, much of this is really designed to get population densities back up," noted one respondent (NAT/INT-01-P3). Elaborating on the trend of seniors (particularly high income older adults) returning to the core, one developer noted "the Dodge Reports [a periodical for developers and the construction industry] are important to us in our industry, they track demographics and trends for us. They also tell us what's coming so we follow-up and track locations all over the Province. I absolutely see a coming back to the core with seniors and young professionals" (DEV-03-P4). Planners seemed particularly adept at making the connection between the migratory trends of the elderly and young professionals. Planners also understood how the resultant density, combined with universal design principles, walkability and multi-modal transportation, could ultimately lead to less sprawl, congestion and pollution. All of these changes were seen by some planners as enhancing the environmental agenda in ways not previously seen as realistic. "If you could make things compact and accessible, we are totally reversing what we have done over decades" indicated one planner while drawing connections between densification, migration of the elderly back to the city core and the environmental agenda (PLNR-(H)-03-P4).  Automobile use was another common theme which came up in the interviews while discussing intensification in the core and creating age-friendly form which is also environmentally friendly. This theme seems to resonate with the trends noted in the current literature: "Built before the automobile, many inner-city districts might be considered prophetic examples of what Peter Calthorpe now calls Transit-oriented development" (Poticha, 1991, p.19). Fishman (2005) argues that:

"While suburbs struggle to add transit and town centres, the inner cities are usually well served by surviving transit lines, and well adapted by their potential density to revive service along the many trolley corridors that once ran through them. They are dotted with neighbourhood centres built around transit stops where empty storefronts await redevelopment. Moreover, the modest scale of the surviving housing is often well adapted to our smaller 'nontraditional' households, and well-oriented to a more active street life. Finally, these districts often possess legacies of long-lost civic idealism: generous public parks, dignified public libraries, and impressive school buildings" (Fishman, 2005, p.363).

The importance of the concept of convergence in planning for age-friendly cities once again emerges. Impending demographics means many aging baby boomers may no longer wish to stay in auto-dependent suburbs and will prefer to return to the amenity-rich downtown core, a downtown core which is ripe for further development or redevelopment, depending on the city. The data in the main study seemed to show that the newer planning methods such as Smart Growth and Sustainable Development are changing planning practice, at least to some extent in some cities; it also seemed these newer planning methods can be used to advance environmental goals through their emphasis on intensification, adaptive re-use, introducing multi-modal transportation (including increased pedestrianism) and building more compact urban form. As indicated previously, it is both the convergence of certain trends and the presence of multiple benefits to different groups that will enable progress to be made in planning for age-friendly cities. Analysis of the data indicated that those factors common to the newer planning models, the environmental agenda and building age-friendly cities (intensification; adaptive re-use; multi-modal transportation; building compact form) can be used as catalysts to reduce sprawl, congestion and pollution as well as concomitantly create an environment which is healthier and more friendly to all ages, including seniors.

## 7.9    A Crisis Waiting For a Place To Happen:  Suburbs and the Lack of Strategic Response

In the post-WWII period, a confluence of factors determined how planning theory and practice embraced the baby boom. Both planning theory and practice (along with public policy) during this era were much influenced by systems theory (Friedmann, 1987; Wolfe, 1994; Grant, 2008). Hence, the assembly line-like techniques used for building new homes and sub-divisions employed by developers and encouraged by government (see Savitch, 2003) resonated with the ideology of the era. Combined with unprecedented housing demand, fuelled by the

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demographics of the baby boom, the result was the spatial pattern of suburbanization which continues to present day. As these age cohorts progressed through childhood, adolescence and beyond, the planning response was significant:

"Although the birth groups of this period are often referred to as the 'baby boom' generation, they do not constitute a true generation but rather two 10 year age cohorts. Their significance for community planning is that these cohorts spurred sudden increases in demand for housing, schools, playgrounds, and health and other social services. And, over ensuing decades, this led to a demand for more colleges and universities, and more housing and health and social services. This demographic bulge still continues to add new dimensions to community planning as it contributes to a surging seniors' population that will expand dramatically within a decade" (Hodge and Gordon, 2008).

While the data indicate that planners continue to cling to the belief that planning should rarely if ever be exclusive or undertaken on behalf of one particular group, the reality as presented by Hodge and Gordon (2006) seems to be that we have been doing so for decades in the case of the baby boom generation. As the boomer cohorts become seniors, this same tension (planning for one group versus many groups) is re-emerging. Commenting on the dynamic, one planner observed that "You need a big planning umbrella where we plan for everyone but you also need little umbrellas where you adapt to the need of a particular group such as the elderly. So, if you want to live in a particular kind of environment [the example given was specialized retirement housing] that's fine, but you don't exclude planning for others. The point is 'How do you build urban form for the next hundred years which is inclusive?'" (PLNR-(U)-11-P4).

Retrofitting suburbs must be considered as part of a strategic and pro-active response to changing demographics, given that so many older adults are suburbanized. Some options which have appeared in recent years are: ECHO Housing (Elder Cottage Housing Opportunity- also known as 'granny flats' which utilize unused space in single-family dwellings);  and home sharing arrangements where two or more unrelated people live together in a single-family house (Howe, Chapman, Baggett, 1994). Unused schools in suburban areas are also being converted into housing which may be appropriate for the elderly (Rodriguez and Davidson, 2008). While some of these options challenge existing zoning regulations and land use, there is already some evidence that Smart Growth with its emphasis on mixed land use is beginning to

help cities approach these matters more liberally (Howe, 2001). Such an example was found in Guelph, Ontario where Granny Flats were legalized:

"We've done our part in Guelph to try and assist those who need help. In your single detached house in Guelph, you can create an apartment in your home without planning approval. Say, you want your grandparents to be living in your own house, you can do this. Seniors were an important group we were looking at when we made this change. You don't need a zoning change. This was part of our affordable housing strategy" (PLNR-(U)-09-P4).

Initiatives such as that described above, driven by demographics and to some extent by Smart Growth, will undoubtedly be helpful in retrofitting suburbia in future. However, Granny Flats, home sharing, even converting one home per block in suburban neighbourhoods into a type of elderly group home with care givers taking care of several such facilities as suggested by one informant (ADV-08-P4), while innovative solutions, will not be sufficient to address an aging suburban population. The data showed that while urban and health planners were perplexed about this issue, there were few indications that any initiatives beyond providing home care and aging-at-home services were being considered. Retrofitting suburbia in any large, visionary and meaningful manner simply did not seem to be on the radar screen of planners given the many other problems with which they were dealing.

Some evidence did emerge in the data, however, that Smart Growth legislation seemed to be influencing current suburban development, at least in the GGH cities of Kitchener and Waterloo. Demographic change, as indicated by one key informant, is one of the drivers of changing land use practices:

"…the Provincial Legislation (*Places to grow Act*) will help us in terms of preparing for demographic change. Even our greenfield developments' urban design guidelines contain certain elements which would make them more suitable urban areas in which seniors could live. People who move in there could stay a lot longer because those areas would be more appealing. There is the 'five-minute walk rule' where you have to ensure people can walk within five minutes to something other than another house. There is more diversity in the neighbourhood, we would prefer to have commercial developments, we don't just want your typical auto-dependent suburb." (PLNR-(U)-10).

In Waterloo, planners also spoke about the importance of greenfield suburban developments being more in line with Smart Growth principles and such practice was seen to be congruent

with preparing for an aging society: "Waterloo is a very dispersed, car-dependent place, and as you get older, that car doesn't need to be an option anymore. We are trying to change this in the official plan to open up other modes of transportation, walkability, public transit, larger sidewalks, to accommodate people with walkers, not necessarily just seniors but others as well." (PLNR-(U)-18). Despite such efforts, the suburbanization of the elderly across North America undoubtedly remains an area which will require much attention from planners and policy makers in the near future.

## 7.10    Conclusion

The analysis and discussion of the findings, in some important ways, takes us back to Chapters 2 and 3 where we asked which models, theories and research from both gerontology and planning were most useful in helping create age-friendly urban form. Here it was found that gerontology's models and theories seemed more helpful in the microenvironment of the home than beyond the front gate in the macroenvironment of the larger city. Conversely, professional planning and its models seemed to stop at the street, reluctant to pass through the front gate. It is here, at the interstices of planning and gerontology, that the most progress can be made in creating age-friendly form. If these two fields were to work closer together, each would become better equipped to produce knowledge which will help society deal with aging demographics.

Planners seem to have embraced Smart Growth, Sustainable Development and Healthy Cities, all approaches which essentially strive to make cities more compact, accessible and healthier places for people of all ages. At the same time, gerontologists are concerned with how to deal with the coming demographic changes which will result in ever greater numbers of older adults aging-in-place. The data indicate that the newer planning models can be organized along the same theoretical dimensions which have long been studied in gerontology: housing and neighbourhood design; transportation; health and access to services and social/community engagement and its importance to overall health. Surprisingly, planners were found to have only a partial understanding of these dynamics, despite their applicability and profound importance as regards their role in creating urban form which should prepare us for the future.

As a result, the next chapter integrates the dissertation research findings and presents the Wise

Growth Model, a new way in which to conceptualize planning for age friendly cities.

## CHAPTER 8:  SUMMARY AND RECOMMENDATIONS

## 8.1     A Brief Review of Findings and Implications For Planning Practice

This dissertation has addressed the main research question "Does professional planning offer models or concepts that will guide us towards the development of more 'age-friendly' cities and how might the profession move forward to embrace the concept?" Some of the main research findings and their implications for planning practice are reviewed below:

- ➢ In Chapter 2, theories and knowledge in gerontology and aging were reviewed to ascertain how they might apply to planning practice, particularly in the area of creating age-friendly cities. It was found that while the earlier theories of aging such as Disengagement Theory, Activity Theory and Continuity Theory offer some valuable (if general) insights for planners, P-E theory/environmental gerontology, the life course perspective on aging and knowledge in the area of seniors' housing are all very applicable for planners as they address aging demographics. In contrast to gerontology, planners seem to have drifted far from the pressing concern for social issues and matters of social engagement so evident during the rise of Davidoff's (1965) advocacy planning in the 1960s. Later, the communicative turn in planning theory and practice placed the planner into the role of 'facilitator.' The data seemed to indicate that traditional social planning concerns (particularly with groups such as low income elderly) is no longer front and centre on the agenda of the 21$^{st}$ Century planner. If planners are to help ameliorate the impacts of societal aging, indications are that they will need to reconsider the practice of social planning. Planners will certainly need to ensure that lower income elderly are accommodated in the age-friendly city. However, this new social planning must come to embrace middle-class issues as well, including how to design (with gerontologists) neighbourhoods which encourage engagement in civil society and how to encourage mixed development and interaction between the generations and between income groups.
- ➢ Chapter 3 explored the issue of planner's reluctance to deal with social difference and the notion of whether, in fact, they should. This chapter also examined the contradictory responses from professional planning in reaction to massive social change: the post-WW II

Baby Boom and decades later, multiculturalism. As modernism came under siege, the communicative turn in planning took root. Over the past decade, the newer planning methods seem to be shifting the profession back to form. It is within this broad context that the research herein offered some insights for planning practice. First, the modernist assumption that the 'neutral' planner should 'plan for use and not people' is outdated and will require re-examination. The research herein suggests that land use decisions cannot be made separate and apart from the needs of the people who will ultimately be the users of the land. Second, planning for changing demographics and age-friendly cities will require a more holistic form of planning. While comprehensive land use planning is essentially normative in the sense it is oriented to the 'how to,' the communicative and transactional schools were particularly sensitized to the 'who with' perspective. The missing link is the social planning perspective, or the 'who for' perspective. The implications for planning practice is that planning for impending demographic change will require a combination of all three types of planning if it is to be successful.

➢ The importance of forming an alliance between planning and gerontology was also addressed in Chapter 3. Two elements of this alliance were presented. Firstly, planners and gerontologists would both benefit by sharing knowledge in their respective fields but, just as importantly, they need to create new (research) knowledge together as regards societal aging. Secondly, newer planning models such as Smart Growth can act as a catalyst in bringing the two fields closer together because the major aging dimensions such as housing and neighbourhood design; transportation; access to services; and social integration are congruent with current research and practice in both fields.

➢ Finally, in Chapter 3, it was also suggested that an alternate way of reframing what are undoubtedly difficult and contentious matters (i.e. race, age, culture) may be to adapt the life course perspective from gerontology. This perspective outlines developmental stages (childhood, adolescence, adulthood, older adulthood) common to us all. It was suggested that if the planning profession were to use this framework as a reference point in dealing with the particular needs of different societal groups, it might be a more workable and acceptable *modus operandi.*

➢ Chapter 4, in addition to research methodology, also presented the findings of an initial exploratory study and a preliminary study. The Exploratory Study began with the notion of a dissertation focusing on seniors' developments and the issue of segregation of the elderly. However, as it became apparent that demographics and societal aging were the key issues in the field, the underpinnings of the main research project, which deals with the planners' role in helping create age-friendly cities, began to emerge. Later, a preliminary study was undertaken with a group of older adults and graduate planning students. The somewhat surprising results indicating that both seniors and young people had favourable views of the underlying precepts of the newer planning methods, encouraged further research in age-friendly cities and the potential contributions from the field of gerontology also become evident.

➢ Chapter 5 presented data from international informants (n=18) who were asked about best practices in planning for age-friendly cities. Analysis of the findings identified some important international practices (i.e. WHO Age-friendly cities Project; Life Course Housing the U.K.) and important research dimensions (seniors' housing and the elderly, transportation and the elderly, access to health and social services) which may be used as a basis for formulating further joint work in planning and gerontology. These findings then contributed to developing the Wise Growth model presented later in this section.

➢ Chapters 6 and 7 analyzed and discussed the main findings of the study which indicated that planners are aware of but not prepared for an aging population. A surprising dearth of knowledge as regards urban planning and age-friendly form became evident. There is a need for much more research that might be mounted by planners, gerontologists and others. Some examples of research that may help fill this void include identifying the 'active ingredients' of age-friendly cities and developing quantitative measures (how far can various cohorts of elderly walk?; What are the specific effects of height and density on elderly people's mobility and freedom?) which will help us determine what success looks like. The findings which emerged from the data in the main study also begin to point in some important new directions as regards remaking the planning profession in the 21st Century. While some social advocates, gerontologists and even developers viewed planners

as having legitimate claim to leading efforts in creating age-friendly form, this perception was incongruent with planners' view of themselves. It was, therefore, concluded that planners will only be able to lead if they develop visionary skills and become the educators and integrators who bring the stakeholders to the table to make age-friendly form a priority. Breaking down the traditional silos where planners deal with land use issues and planning for 'people issues' is done elsewhere was also seen as important. In particular, the role of a more holistic form of planning (social planning in particular) was viewed as crucial if benefits are to accrue to all groups in society as urban form responds to demographic forces. Chapter 7, also suggested that a convergence of conditions (the existence of sufficient profit; legislation encouraging density; benefits to multiple groups; and congruence with the environmental agenda) could create a 'virtuous cycle' in certain places where numerous amenities and density already were present. Finally, it was emphasized that the significant challenge of obsolescent suburbs will be a very important area for planners to deal with in future.

## 8.2  PUTTING IT ALL TOGETHER: THE WISE GROWTH MODEL FOR CREATING AGE-FRIENDLY CITIES

A conceptual model which attempts (in graphic form) to integrate the theoretical, empirical and strategic perspectives in responding to societal change and the main insights gleaned from the dissertation study as outlined above is presented in Figure 8.1. The model has been developed by combining the dissertation findings with concepts in the literature such as the WHO Age-Friendly Cities Project, the City of St. Louis Park's initiatives, Rosenberg and Everitt's (2001), Hodge's (2008) work and key principles from Smart Growth and Sustainable Development. The key dimensions which help create age-friendly cities (comprehensive planning, housing, transportation, healthy and safe urban environment and engagement in civil society) are represented as double-ended arrows. Built into the model is a continuum which cuts across each of these dimensions. The model is referred to as 'Wise Growth' because it integrates principles from Smart Growth with a particular demographic, older adults. 'Wise' refers to the fact that as aging individuals lose energy and some abilities, they also gain insight and learn

from past experience (i.e. attain some measure of wisdom). On the one hand, the Wise Growth model is specific in that it embeds Smart Growth principles in planning for this distinctive and, in some cases, space-captive aging population. On the other hand though, it is equally important to remember that Wise Growth might have broader appeal as an example of a variation on the theme of Smart Growth that specifically benefits from the lived experience of urban residents and that is generally more informed about the social side of 'how to' as well as about 'who with/for.'

**The Comprehensive Planning Continuum**

In Figure 8.1, along the comprehensive planning continuum, moving to the right implies integrative and comprehensive planning practices which consider the entire life course of the residents when designing the built environment. A city with systemic barriers to aging-in-place is one adhering to the principles and values of Euclidian planning, which has essentially produced single-use suburban form and an urban environment where a significant number of older adults are living in auto-dependent suburbs. Moving to the right, towards the age-friendly city, implies building houses and neighbourhoods for the entire life course such as those described by Harding (2007) and mentioned in Chapter 5. Utilizing Smart Growth to adapt existing urban form is also an important part of the Comprehensive Planning continuum. The adaptive re-use of schools near the city core or malls in the suburbs (with their built-in amenities) to provide various types of seniors' housing are another example of the comprehensive planning suggested by the model in Figure 8.1. The type of comprehensive planning referred to here is that which does not lose sight of the long-term picture, despite the crises that inevitably occur in the short-term. Principles from the newer planning models such as Smart Growth, Healthy Cities and Sustainable Development are used as policy touchstones in

**Figure 8.1:** THE WISE GROWTH MODEL- Combining Theoretical and Research Dimensions in Smart Growth and Gerontology: can closer ties help cities prepare for elderly demographics?



City with Systemic Barriers to Aging-in-Place

**Comprehensive Planning**
- Euclidian planning: sprawl and single-use urban form
- plan for land 'use' not people
- holistic planning for people's entire 'lifecourse'
- diverse land use zoning
- density and adaptive re-use (Smart Growth)

**Housing**
- age segregated, single-use development
- gated communities
- diverse and innovative options across income levels
- high integration (mixed use development)
- density, walkability

**Transportation**
- primarily auto-dependent
- adaptive to older adults
- various options (transit, walking, cycling)
- connectivity with key destinations, seniors' housing; retail; services; recreation

**Healthy and Safe Urban Environment**
- planning for natural, built and social environments takes place in "silos"
- integrated planning for natural, built and social environments
- guided by social and environmental determinants of urban health

**Engagement in Civil Society**
- segregation/marginalization of older adults
- high integration / social participation
- many formal and informal supports

The Age-Friendly City

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order to create downtowns and neighbourhoods which move away from Euclidian planning, towards diverse land uses. The end result should be urban form with a high degree of mixed-use and communities that are walkable, amenity-rich and connected to transit.

The Comprehensive Planning element of the Wise Growth Model 'bookends' the discussion from Chapter 3 where the development of post WW II period was traced. In this discussion, the development of planning theory and practice was seen to have a beginning in the 1950s, a middle, the communicative turn, and, more recently, an 'end' (i.e. a 'here and now', 2010 point in time) that promises to bring a shift in perspective. The period referred to as the 'beginning' was essentially a metaphor for modernism when the 'neutral' planner planned mainly for the

nuclear family, the predominant household type of the day. The middle period represented post-modernism and the communicative turn in planning, while the most recent shift encompasses planning's return to form and substance with the newer planning methods. In this context, the Wise Growth Model of planning for age-friendly cities presents a new type of comprehensive planning. It recognizes that aging of the population will force planners to re-examine some very basic and fundamental tenets of their practice. The Wise Growth Model forces planners to go beyond the notion that they plan for use and not people. By introducing key categories from gerontology and the age-friendly cities research, the Wise Growth Model places 'how-to' planning alongside 'who with' planning, using the concepts discussed in Chapter 3. The common element in the Wise Growth Model becomes the life course of those for whom plans are being made. The conundrum of planning for special groups and populations is side-stepped by acknowledging that, as human beings, a common developmental thread runs through each of us: that is, at some point, each of us is young, each passes through middle-age and ultimately each enters older adulthood. If planners come to work with gerontologists to understand the life course perspective, then this can become a powerful organizing concept for plan-making. Moreover, as the findings from this research suggest, if planners design urban form to include older adults, they will ultimately benefit not just one group (older adults) but rather all groups in society.

**ii)     The Housing Continuum**

In the housing continuum, one moves from age-segregation of older adults on the left to integration on the right. Engagement in civil society moves from isolation, segregation and marginalization in car-dependent, suburban neighbourhoods on the left to high integration on the right. The housing continuum in the age-friendly city considers all income groups, with appropriate options for high, medium, and low-income groups as the planning goal.  While many examples were found in the data and the field visits that demonstrated planners and developers are moving to the right along this continuum (e.g. more mixed use development, often near downtown core amenities) when planning housing options for the middle and high income groups, a dearth of options for the low income group was also identified. This situation

requires attention. The evidence seems to show that market forces alone will not be sufficient to provide appropriate and well-located housing for older adults experiencing low income. The provision of such housing will only come about with government intervention, sufficient subsidies and a good measure of vision on the part of both planners and developers. Planners and developers should resist the temptation to segregate this type of housing and use the same principles that have made developments for the higher income group successful: choosing downtown and nodal locations which help make them age-friendly for residents.

Another area requiring attention from planners, gerontologists and developers is new suburban development. The Wise Growth Model can be helpful in developing greenfield suburbs which are friendlier to all ages by using the dimensions in the Model as design guidelines. For example, new developments may include Life Course housing and adopt diverse land use practices so that transit, walkability, shopping and connectivity are all considered during the design stage. Other elements suggested in the Model such as sufficient greenspace and housing options for all income levels can also be designed in. However, how can the model apply to existing suburbs? While retrofitting suburbs is notoriously difficult, applying Wise Growth principles may offer some solutions. Examples are: redesigning shopping centres so that they become access points for not only retail services but also health and social services and special transit (i.e. jitney buses). As power centres become less profitable as demographics change, suburban malls can be retrofitted to include smaller scale stores on a more appropriate scale for seniors. Thus, shopping centres can become 'nodes' and even be redesigned to include seniors' housing in some instances. Designated (larger) houses in each neighbourhood could also become small scale retirement homes, with adjacent houses containing services (i.e. homecare) to help support other seniors in the area. Surplus schools may also be useful as seniors' centres (adaptive reuse as indicated in the Model) where healthy suburban seniors could access health services, social/recreational activities and participate in intergenerational activities offering social support.

The literature in gerontology has much to offer planners with regard to understanding the effects of exclusion, stigmatization and marginalization on the elderly. In Chapter 2, the point

was made that urban design can be a powerful influence which either contributes to social exclusion among groups such as older adults or works against it. The Wise Growth Model calls for planners to develop options alongside gerontologists (i.e. the Life Course house identified in the initial component of the main study; mixed use development; age-friendly neighbourhoods; options for upper, middle and lower income seniors) which keep the generations integrated and prevent vulnerable groups such as the frail elderly in particular from becoming 'prisoners of space' (Rowles, 1978). This implies that gerontology must go beyond the front gate to apply its theories and knowledge (i.e. P-E theory) to walkable neighbourhoods, multi-modal transit systems and recreational facilities such as parks and trails. Planners should not be reluctant to go beyond the front gate to ensure urban design principles are based on solid gerontology research and are enshrined in regulations. As some key informants indicated, developing age-friendly cities requires planners to be visionaries at one level because they are involved in changing the face of a city. However, on another level, age-friendly housing and neighbourhoods are also about details such as traffic lights which allow for more time to cross a street, park benches at convenient and well-considered locations and ensuring houses are built with an (at least one) entrance that is wheel-chair accessible and gives direct access to the street. Official plans and building codes must be revised with these requirements in mind. Again, the benefits which accrue when such changes are made are not simply for the elderly but for many others as well.

### iii)      The Transportation Continuum

Transportation in the age-friendly city becomes adaptive and designed with various options for seniors as one moves to the right in the Wise Growth Model.  The city with systemic barriers to aging-in-place has a singular and primarily auto-dependent transportation system (i.e. contemporary suburbs which occupy as much as 75% of the territory encompassed by most Canadian metropolitan areas). As transportation planners move to the right along this continuum, various transportation options begin to appear. The fact that land use planning is closely integrated with transportation planning means that connectivity with key destinations are considered via modes other than automobile- via transit, walking, cycling, etc. as well as by

various para-transport modes such as scooters that might be used by the non-ambulatory in the population. Principles of universal design are also implemented in the transportation system wherever possible, much as Shizuoka Prefecture has done in Japan.  The knowledge which has emerged out of the Healthy Cities movement, particularly that addressing the connections between urban form and the determinants of health should be applied by transportation planners.[41] Key respondents, particularly health and social planners, all saw transportation as having an impact on many aspects of seniors' lives, including their housing and their ability to remain engaged. Transportation and other modes of communication are not only important for instrumental reasons such as obtaining the necessities of life-- e.g. groceries or medical care—but are also integral to staying connected with friends and with one's community, which in turn has also been found to impact health (see Tomaka, 2006; Krause, 2004; Krout, 1986). Finally, the changes to transportation planning being suggested in this section, it should be pointed out, will not only be beneficial to older adults but to everyone.

### iv)     A Healthy and Safe Urban Environment

In the Healthy and Safe Urban Environment continuum, planning for the built, natural and social environments is done simultaneously in an integrated manner; by contrast, it is practiced in silos in the city with systemic barriers to aging-in-place depicted on the left. The research found repeated instances of planning done in silos which had the effect of separating land use from the social realm. Planning for age-friendly form requires integration of these two spheres. Just as land use decisions regarding the location and form of seniors' housing cannot be separated from transportation, so too land use planning should not be carried out apart from the social planning aspect that helps determine which services they will need and how they will be accessed. They are different sides of the same coin and both are crucial in planning for age-friendly urban form. Integrated planning must take place simultaneously and be guided by the social and environmental determinants of urban health. This aspect of the model takes us back to Chapters 2 and 3 where it was argued that planners can integrate planning for the natural,

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[41] Here again, key issues to be researched by planners and gerontologists are raised. For example, how much walking is beneficial, for whom and for how long?

built and social environments. Further, this can be achieved by leveraging two areas of knowledge: the Person-Environment model and the Healthy Cities Model. For example, Cvitkovich and Wister's (2001a; 2001b) revisions to the P-E model incorporate the life course perspective and also considers important domains in a safe and healthy environment; namely structural resources which include housing, neighbourhood and the community; social support from neighbors and others; and service support from health and social service agencies. Cvitkovich and Wister's (2001a; 2001b) work begins to move gerontology out of its usual microenvironment focus and out into the neighbourhood and greater community. It is also useful to planners as they consider important aspects of designing new urban form and retrofitting existing suburbs.

The dissertation data indicated that another body of knowledge useful to planners in designing age-friendly urban environments is Healthy Cities. In Figure 8.1, the 'healthy and safe urban environment' continuum argues for integrated planning across all sectors to help create age-friendly form. Healthy Cities is an integrative approach which has revitalized research into linking planning, public health and the built environment. The role and collaborative interplay of all sectors in contributing to human health, including the social, environmental, economic and the built environment is considered by this model (see Northridge, Sclar and Biswas, 2003; Dannenberg, et al, 2003; Srinivasan, O'Fallon and Deary, 2003; Frumpkin, 2002; Ewing et al, 2003). Wister (2005) has made the connection between the Healthy Cities/Communities model and important determinants of health. Wister (2005) argues that diverse areas such as safer transportation systems, expansion of walking trails, reduction of air pollution and urban renewal are all linked since "healthfulness is the result of a complex interplay of facets of the physical environment, social environment [and] personal factors" (Wister, 2005, p.55). Thus, Healthy Cities offers another common language understandable to both planners and gerontologists as they work together to build healthy cities friendly to all ages.

## v) Engagement in Civil Society

In the engagement in civil society continuum, the city with systemic barriers to aging-in-place segregates and marginalizes older adults while moving to the right along the continuum implies

high integration and full engagement in civil society. Planning for the age-friendly city, particularly social planning, must ensure that the elderly are able to continue participating in activities that help give their lives meaning and make them feel connected to the greater community. Effective social planning should also consider the many formal and informal networks of support available to seniors. Here again, the connections with other aspects of the model shown in Figure 8.1 such as comprehensive planning (planning for one's entire life course), transportation planning and provision for a healthy/safe urban environment will be important considerations. As planners return to form and substance with the newer planning methods, social engagement and planning for people should not be forgotten. Findings from this research suggest that Smart Growth in particular has the potential to help planners make cities friendlier to older adults and other groups. Yet, the Smart Growth literature is silent on such important notions as engagement in civil society. If these important aspects of planning are pursued, they will connect contemporary planning research back to the key advances that were made during the communicative turn. Most important, though, from the perspective of this thesis, they may have the potential to become a 'new social planning' which can embrace not only the disenfranchised but many groups in society, including seniors.

**vi)      The Exponential Power of Integrating the Components of the Wise Growth Model**

Important to note is that the sum of all of the key dimensions found in Figure 8.1 is greater than their individual contribution. Thus, their exponential value in helping create the age-friendly city depicted on the right side of the model would likely only accrue if those responsible for planning and public policy in the various spheres (land use, transportation, social, environmental) did so in an integrated fashion. For such a model to be successful, communication between the different planning functions is critical, as is involving stakeholders (seniors) in the process. It is only under such conditions of integrated planning, with stakeholders as an integral part of the process, that sustainable, age-friendly urban form will result.

### 8.2.1   The Wise Growth Model and Planning Theory

Chapter 3 presented an overview of planning theory covering a span of several decades post-WW II. The section below explores how the Wise Growth Model fits with and contributes to various iterations of planning theory:

*Comprehensive Land Use Planning:* the Wise Growth Model tends to shift the focus of land use away from the Euclidian model, towards diverse land use planning, including adaptive re-use. By introducing holistic planning which considers social engagement, integration of transportation with land use and a safe urban environment, the emphasis is on planning for 'use' and 'people' simultaneously. Social planning becomes an integral part of land-use considerations and the overall principle for land-use decisions becomes how could we plan for urban form that supports the entire life course?.

*Advocacy Planning:* Wise Growth fits with advocacy planning in that it resurrects the notion of addressing inequality by calling attention to the need for diverse and innovative seniors' housing options across all income levels, including low income. A higher level of integration and engagement between all groups through more diverse development through the life course is also congruent with some of the principles embedded in advocacy theory.

*Transactive Planning:* by virtue of the fact that the Wise Growth Model is holistic and multi-dimensional, it forces planners to break down barriers, to learn from many groups, to consult stakeholders and to more fully understand how land use decisions are also 'people' decisions. Such practice is congruent with Friedman's (1973; 1993) assertions that not merely the plan is to be evaluated but also what it will do for people in terms of dignity, sense of effectiveness and their capacity for growth (Friedman, 1973; 1993; Hudson, 1979).

*Strategic Planning:* the main principles of strategic planning (goals; alternative actions; considering course of action; implementation) fit well with the Wise Growth Model. For example, if the Model were to be used on a city-wide scale, under each dimension (housing, transportation, engagement, etc.), strategic objectives and goals could be developed to be

achieved over a 3 to 5 or even 10 year time span. Thus, the tools of strategic planning could act as catalysts in helping create age-friendly form through application of the Wise Growth Model.

***Communicative Planning:*** the importance of communication, facilitation and negotiating consensus has already been mentioned in respect to implementing age-friendly cities using the Wise Growth Model. These are also skills and practices which fit the communicative planning model. However, the cautionary note from the data analysis is that process alone will not produce desired results in creating age-friendly cities. Planners must also have a vision and a belief in themselves as leaders, if they are to play a role in helping achieve age-friendly form.

***Wise Growth's Contribution to The Newer Planning Methods:*** while the Wise Growth Model draws heavily on principles from the newer planning methods (particularly Smart Growth), it also has a variety of contributions to make as well. For example, Smart Growth is missing the 'people' planning element; Wise Growth melds these concepts with Smart Growth so that a key consideration in city/regional urban growth and design is how to create communities and neighbourhoods in which people can be fully engaged in throughout their entire life course, rather than having to move as they enter different life stages. This principle has the potential to make the Smart Growth agenda even more compelling.

Wise Growth calls for integrated planning between the natural, built and social environments, all principles which are embraced by the Sustainable Development agenda. The type of age-friendly urban form advocated by Wise Growth is also compact, denser form with a smaller 'footprint' which helps deliver both the sustainable development and livable communities advocated by some observers (see Godshalk, 2004; Berke, 2002). Similarly, Wise Growth makes contributions to Healthy Cities by considering (under the Healthy and Safe Urban Environment Dimension) the role of the social and environmental determinants of urban health. Finally, Wise Growth contributes to New Urbanism by advocating for not simply good design, but for good design which includes housing and neighbourhoods built for the entire life course. Considering, New Urbanism's strengths in the area of aesthetics, these Life Course houses could become more mainstream through better design and increased marketability. They could also then

become one more tool which helps engagement and interaction among neighbors, another important element of New Urbanism.

## 8.3    RECOMMENDATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

### 8.3.1    Recommendations

The argument has been made throughout this dissertation that that impending demographics and societal aging will significantly challenge the profession of urban planning if it is to play an important role in building age-friendly cities. There will also be new opportunities for planners. More specifically, the following recommendations are put forth in respect to creating age-friendly cities, most of which call for immediate, practical action and all of which require further research:

i)    **A new form of comprehensive planning is required:**  the term 'comprehensive planning' is not a new one in the planning lexicon, as it has been used during various eras and in different contexts. The new comprehensive model being put forward here, the Wise Growth Model, attempts to combine the major aspects of planning which will need to be considered given the societal changes about to occur. Urban form is given consideration, as is applied research from gerontology regarding transportation, housing and engagement of older adults. Perhaps most crucial is the idea that social planning needs to be re-made in a new form which not only embraces the disadvantaged but the middle class as well. Good physical (urban) form needs to consider social engagement of the citizenry in general and older adults in particular if it is to be age-friendly. More research is required to test the model in practice to determine where potential weaknesses and gaps may lie.

ii)    **Changing planning education:** a substantial part of how planners carry out their work and engage (or do not engage) with various groups seems to have its roots in the academy. It is at the academy that formative viewpoints are developed and lasting professional values are formed. Planning schools should consider re-tooling in some important areas. Consideration should be given in planning programs to ensure that the social side of planning is given credence and depth, alongside land use planning. This

may help planners become better practitioners who are less likely to work in silos and are better able to lead as generalists in important areas of public policy. Changes in the curriculum such as this one and those suggested in section iii) and iv) below may represent some progress in developing the 'go-to' planner/leader described in the previous chapter.

iii)  **Planners and 'the one umbrella' approach:** in this dissertation, some parallels have been drawn between current demographics and those which existed in the post-WW II era. The similarity lies in the import and significance of demographics as an operative force in societal change. Beyond this similarity, the two eras have little in common. Planners are no longer primarily concerned (as they were in the 1950s) with nuclear families and what was essentially seen as a homogeneous cultural environment. The current predominant paradigm is one of difference rather than similarity. The most evident manifestations of such difference will be a highly heterogeneous urban population and a proliferation of older adult households without children. Planning in such an environment will require a *modus operandi* very different than the one umbrella approach used in the 1950s. Planners will need to become specialists in some areas of practice, and despite their reluctance to do so, they will need to plan especially for some groups, including making distinctions differentiated along dimensions such as age and culture. The environment in which planners operate will demand 'smaller planning umbrellas' because the older planning methods will no longer be adequate. The academy and practice will have to work together to ensure planners can deliver on this new approach, which is a significant departure from current practice.

iv)  **A partnership with gerontology and related professions:** the point has been made that important dimensions (transportation, access to health and social services, home and neighbourhood design to name some) which form the building blocks required in building age-friendly cities are as relevant to planning as they are to gerontology. As a result, planners and gerontologists need to share their respective research and practice and, going forward, the two professions will need to produce knowledge together. Once gerontology moves beyond the front gate of the micro-environment of the home or

purpose-built seniors' housing and planning moves inside the same front gate, the result will undoubtedly be joint knowledge which is exponentially more powerful than that which currently exists. For example, this joint research can be brought to bear on building knowledge about how to develop age-friendly form at the level of the meso-environment, outside of the immediate place of residence. This would involve initiatives such as designing housing and communities for the entire life course, which will make a significant contribution to helping older adults age-in-place. Another recommendation is that joint programs in planning and gerontology be developed to produce the kind of professionals who will be up to the task of building age-friendly form in future.

v) **The New Planning Models and social engagement throughout the life course:** of all the new planning models, the dissertation research has shown that Smart Growth in particular has gained traction with planners and developers. Smart Growth has shown potential to become an important tool to help cities deal with the challenge of societal aging and has the additional advantage that its methods are congruent with the environmental agenda. Further work will need to be done to ensure that a 'social' component is added to Smart Growth (and the other new planning models) which gives planners and developers effective methods and means to build urban form designed to encourage social engagement throughout the life course. The conceptual underpinnings of Smart Growth should be extended to include encouraging the development of lifetime neighbourhoods and lifetime housing in place of single-use suburban development. These Life Course models have been developed in some American and United Kingdom jurisdictions. What is now required is dissemination and further research to adapt them to a greater number of urban and even rural areas.

vi) **Retrofitting the suburbs:** while the dissertation research has identified some initiatives which address the critical issue of making suburbs more age-friendly, the reality is that such retrofitting will prove difficult. Aging-in-place is touted by policy-makers, gerontologists and planners as the desired option for older adults. Combining this notion with the fact that most baby boomers came of age and currently live in suburbs, future difficulties are not difficult to foresee.  During the dissertation research, planner

key informants were able to articulate this problem, yet they were too preoccupied with current crises to think about meaningful solutions. This is an area where planners will need to be leaders and work with gerontologists, developers and non-profit community groups to find innovative solutions.

**vii)** **Intervention from higher levels of government:** above and beyond city governments, an important part of developing age-friendly cities will also involve federal and provincial governments. Much of the impetus for change in adapting public policy for an aging society rests with these higher levels of government, which have a unique role to play in such areas as initiating and enforcing Smart Growth legislation and funding research and demonstration projects in creating age-friendly urban form. If developing age-friendly cities is elevated on the public policy agenda, perhaps the 'pot-hole in the road' problem[42] mentioned earlier will subside as more resources become available. This dynamic would allow planners to make significant progress in dealing with aging demographics.

### 8.3.2   Suggestions for Further Research

In Chapter 7 (pages 161-165), several directions for future research into age-friendly cities were suggested, including determining the active ingredients in creating age-friendly form, the effect of height and density on the elderly and investigating countries which have been successful at adapting communities so as to accommodate and integrate high numbers of older adults. Now that the Wise Growth Model has been presented, it may be used as a tool to further conceptualize research in the field. Figure 8.2 below presents a practical application of the Wise Growth Model as it might look in a medium-sized city.[43] Since Wise Growth attempts to integrate planning for the built, natural and social environments, many spatial aspects of aging-

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[42] The pot-hole in the road problem was identified earlier in the dissertation (see pages 135-136). It involves planners being distracted by instrumental issues which surface at the city level rather than focusing on longer term, more important matters. Often the root cause was seen to be a lack of resources which preclude the ability of staff members to handle both issues simultaneously.

[43] The city pictured in Figure 8.2 is the core of Kingston, Ontario, Canada. It should be noted that locations indicated are only for illustrative purposes and do not necessarily correspond to actual physical locations.

in-place are considered. Applied knowledge from both planning and gerontology is used to create a spatial environment which integrates the key domains

**Figure 8.2: An Application of Wise Growth to Aging-in-place**



**Source: Google Maps: map of downtown core, Kingston, Ontario (May, 2010)**

identified in this research such as housing (near the city core and its amenities), transportation, access to health and social services and social and community engagement. Thus, the city core pictured in Figure 8.2 represents what might be one outcome of applying the planning principles identified in this dissertation to create an environment for reasonably healthy, ambulatory older adults. Necessities such as a food store, drug store and medical facility are all located near home, as are a transit stop, friends, family and a host of amenities such as a museum, theater, gymnasium and restaurants. The natural environment is readily accessible along the lake front and parks and walking trails are nearby. Opportunities for social activity/integration and continued learning are available at the community/recreation centre,

the library and the university campus. In essence, this model attempts to create the age-friendly 'urban village' referred to by some key informants.

Thus, the question must be asked. Is there an effective way to create good living arrangements for seniors if the research presented here is used to create spatial environments (such as the one discussed above) where density is increased and mixed use is encouraged so that services and amenities proliferate and there are more housing options for seniors? This a complex question requiring further research.. The problem is that, at present, there are simply too many unknowns. Research is urgently needed if we hope to begin to close this knowledge gap. Selected areas for further, research investigation might thus be identified in terms of:

i) **Testing the overall hypothesis of the elements which are thought to create age-friendly urban form:** W.H.O.'s Global Age-friendly Cities study identified a number of important dimensions to be considered when planning for age-friendly form. This research has found similar dimensions to be important and further identified the potential of Smart Growth and the newer planning methods to contribute to building age-friendly urban form. Therefore, if a hypothesis were developed to investigate the relationship between implementing major Smart Growth principles (i.e. increased density, more mixed use, greater transportation choice, walkability) on the one hand and the ability for older adults to age-in-place on the other, what would be the outcome? The overall model being referred to is, in its simplest form, that of an urban village where social support, the necessities of life and amenities are all fairly close at hand. What specific contributions does such a spatial environment make to healthy aging? Further, what is the nature of the individual contribution that each variable such as density, mixed use, walkability makes towards creating age-friendly form? These questions require further investigation, particularly through quantitative, correlative studies which bring together various disciplines such as planning, gerontology, occupational therapy, nursing and kinesiology.

ii)   **Comparing cities of various sizes as regards how they might be made more age-friendly:** this dissertation has dealt only with medium-sized cities in order to reduce the number of potential spurious variables in the research. However, applying the model outlined above and comparing its efficacy in large, medium and small cities is required. Size and complexity are important variables and their effect on age-friendly form is not well-known at present. Thus, contrasts and comparisons should be made among small, medium and large cities.

iii)  **Comparing cities in different parts of the country:** another important variable in creating age-friendly form may be the location of a city. Weather patterns, local culture, and built form are examples of differences between cities in Western, Central and Eastern Canada. Research is required to determine how these differences interact with the methods and models used to make urban form more age-friendly.

iv)   **Comparing types of neighbourhoods in various parts of a city:** creating age-friendly urban form in spatially diverse sections of a given city may require different methods. For example, if the Wise Growth Model were applied to a particular city, would allowances have to be made for neighbourhood type? Would the planning principles be as effective in an inner suburb as in an outer suburb? How would a high density/transit-friendly neighbourhood compare to one located in the rural fringe?

v)    **How far can various groups of elderly walk?** Gerontology has much to say about the generalized characteristics of the young old (55 to 64), middle old (65 to 84) and oldest old (85+). If models such as Smart Growth or Wise Growth are used to place important destinations in proximity to discourage automobile use and encourage walking and cycling, what are the optimum distances which might be applicable to each age-group? Correlative studies will be required to develop generalized guidelines which can guide planners, gerontologists and others in their work.

vi)   **Focus groups with planners, gerontologists and others:** prior to working or carrying out joint research, planners and gerontologists (as well as non-profit and community groups) will need to get to know each other to better understand the kind of work

each does. Focus groups may be a good start in this area. Focus groups would enable some initial, exploratory questions to be answered and then more specific matters as regards how they should work together to create age-friendly urban form can also be addressed.

## 8.4    Conclusion

Finally, on a closing note, the notion emerging from the dissertation data that planners can become leaders in creating age-friendly cities is a significant one. Planners are generalists who can bring together disciplines and fields across sectors and levels of government. The data indicated that developers, advocates and gerontologists viewed planners as having the legitimate role of taking a lead alongside them in creating age-friendly cities. This is planning's 'moment,' their call to rise to the challenge at an important juncture of demographic/social change that coincides with the dire need to retrofit cities to render them more environmentally sustainable. With the lessons of the post-WW II era behind them and the new planning models as a guide going forward, planners should embrace this opportunity to help create urban form which will benefit many groups in society, including older adults.  [Well put John!!!]

The field of study embracing what now referred to as creating 'age-friendly cities' is a fairly new idea. It was only in 2005 in Rio de Janeiro at the World Congress on Gerontology and Geriatrics that the notion was conceived and enthusiastically embraced (WHO, 2007). While it can perhaps be argued that the age-friendly cities movement is not entirely new and that its roots lie in approaches such as Partners for Livable Communities in the 1970s, WHO's Healthy Cities from the 1980s and the 'Flag of Towns and Cities for all' of the 1990s, progress has, in any case, been swift. Therefore, it should not be surprising that basic questions are still being asked about the movement. Much remains unknown, both in terms of theory and its potential applicability to the everyday, real world.

In conclusion, a central finding of the dissertation research, in fact, suggests that planners, gerontologists and developers should be working together to develop a field which might well be referred to as 'urban gerontology' or simply 'age-friendly 'urban/community planning.  The

exponential knowledge which may result ultimately has the sole purpose of helping older adults live better and more fulfilling lives in cities which will add to the aging experience, as opposed to erecting barriers to successful aging. Thus, as such cities are conceived and eventually built, it will be important for all involved to heed the advice: "design for the young and you exclude the old, design for the old and you include the young."[44]

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[44] This quotation was coined by the Centre for Applied Gerontology at the University of Birmingham, U.K. However, its inspiration was likely Bernard Isaac's (a former Director of the Centre) and Maureen Livingstone's (1972) phrase "the way to house old people is not to house old people, it is to house not-old people." (Isaacs and Livingstone, 1972, p.97).

**Changing Demographics and Aging:  International Perspective**

The United Nations Population Division is projecting an overall increase in the world population of 2.5 billion from 6.7 billion in 2005 to a projected 9.2 billion in 2050. This increase is driven largely by the developing regions while the population of the developed countries will remain essentially unchanged (at approximately 1.2 billion) and in fact would experience decline were it not for immigration from the less developed regions to the developed world (United Nations Population Division, 2006 Revision). Population growth will remain concentrated in those countries which now have the largest populations: India, Nigeria, Pakistan, the Democratic Republic of Congo and Ethiopia to name the growth leaders (Kalache *et al*., 2005; United Nations Population Division, 2006 Revision). The result of a flattening curve in the population growth of developing countries of the world, combined with decreasing fertility rates and increased life expectancy in these same regions, will result in increased population aging (Kalache *et al.,* 2005). Figure A1 shows the changing distribution of older persons world-wide from 2006 to 2050 (projected):

**Figure A.1:     Percent Distribution of World Population 60 and Over By Region
                        Source: United Nations Population Division, 2006**
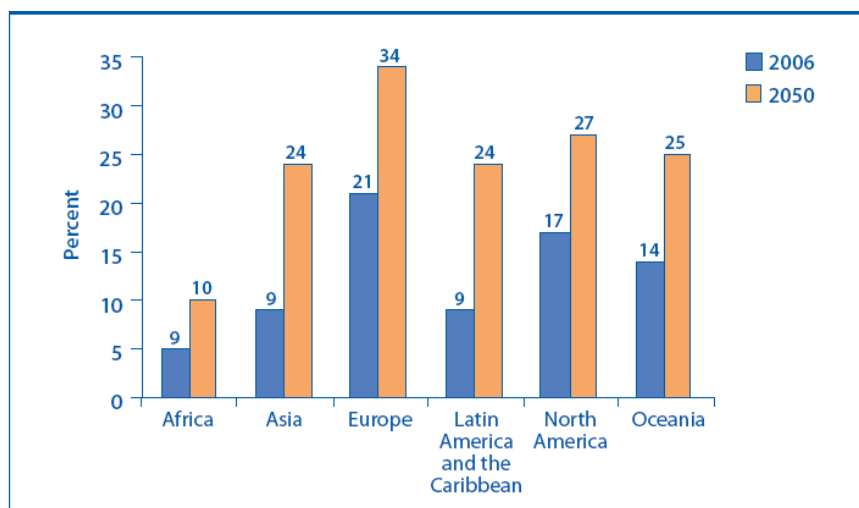
Essentially, the two main dynamics of increased life expectancy and decreased fertility rates have been the forces driving what has been referred to as the 'demographic transition' (Kalache *et al,.* 2005). Some of the major aspects of the demographic transition are presented below:

**i) Fertility rate patterns:**  have shown a steady overall decrease since the late 1960s and are reported by the United Nations to be at below replacement-rate levels in all 45 developed countries (as of 2006); in 27 of these countries, including Japan and most countries in both Eastern and Southern Europe, fertility rates are below 1.5 children per woman which is far short of the 2.1 children per woman replacement rate (Kalache *et al.,* 2005; United Nations, 2006).  Fertility rates in the developing world (though projected to decline), will remain higher than the prevailing rate in developed countries; however, in 28 developing countries (accounting for 25% of the world population) fertility rates have also dropped to below replacement rate levels. Perhaps China with a fertility rate of 1.73 (for 2005-2010) is the most poignant example of this trend (United Nations Population division, 2006 Revision). The implications of these trends in fertility are that fertility reductions will be one of the main causes of population aging in both the developed and less developed parts of the world.

**ii) Life expectancy at birth:** expectancies for both men and women in the world's most populous countries are increasing, meanwhile, the trend of women outliving men is projected to decline in future years but this will be more a matter of men 'catching up' to women and of both sexes living longer.  Table A.1 below illustrates the changing patterns of life expectancies. While life expectancies remain low (age 55 years) in the least developed countries, it is projected by the United Nations to increase to 67 years by 2050 if the spread of HIV can be brought under control (United Nations Population Division, 2006 Revision).  Some observers note that "within developing countries, the best local governance can help produce 75 years or more of life expectancy; with poor urban governance, life expectancy can be as low as 35 years" (WHO, 2008).

**TABLE A.1:    LIFE EXPECTANCY AT BIRTH FOR THE WORLD, THE MAJOR DEVELOPMENT GROUPS AND THE MAJOR AREAS**

|  | 2005-2010 | AND | 2045-2050 |
|---|---|---|---|
| World | 67.2 | | 75.4 |
| More developed regions | 76.5 | | 82.4 |
| Less developed regions | 65.4 | | 74.3 |
| Least developed countries | 54.0 | | 67.2 |
| Other less developed countries | 67.9 | | 76.4 |
| Africa | 52.8 | | 66.1 |
| Asia | 69.0 | | 77.4 |
| Europe | 74.6 | | 81.0 |
| Latin America and the Caribbean | 73.3 | | 79.6 |
| Northern America | 78.5 | | 83.3 |
| Oceania | 75.2 | | 81.0 |

**iii) Morbidity and Mortality:** the three forces of increased urbanization, an aging population and a globalized lifestyle are contriving to make "chronic and non-communicable diseases- including depression, diabetes, cardiovascular disease and cancers- and injuries increasingly important causes of morbidity and mortality" (WHO, 2008). Mortality in the developing countries of the world remains low and is projected to decline further; however, it remains stagnant or is increasing in a number of developing economies, particularly as a result of the spread of HIV. Sub-Saharan Africa, the Russian Federation and the Ukraine are some examples where mortality has been decreasing due to HIV and other causes (United Nations Population Division, 2006; WHO, 2008; Kalache *et al.,* 2005).

**iv) Urbanization:** an observation made by the World Health Organization is that both aging of the population and the process of increased urbanization are the result of the improvements made in human development over the last many decades. In general terms, the world is becoming more urbanized with over half of the global population now living in cities and by 2030 it is estimated that the figure will be 60%. Montgomery *et al* (2003) argues that by 2030, 80% of the population of North America, Europe, Australia and Latin America (in addition to more than 50% of Asia and Africa) will be urbanized (Montgomery *et al,* 2003, p.39). In developing countries, the trend towards urbanization will be even more pronounced with projections indicating that by 2030, urban dwellers here will be four times larger than the number in developed economies (WHO, 2007; United Nation, 2008). While there are many positive implications for seniors[45] when rates of urbanization increase (e.g. more efficient delivery of health care), there are also less obvious downsides such as the isolation of seniors who find themselves in cities without adequate support and the fragmentation of the generations (see Kalache *et al.,* 2005). These are important themes which shall be expanded upon later in the dissertation.

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[45] The terms *seniors, elderly and older adults* will be used interchangeably in the paper and will refer to those 65 years of age or older.

viii)     **Migration:**  international migration from less well-developed economies to developed

ones is also an important demographic dynamic and one which takes on particular

importance as fertility rates decrease. The United Nations reports that in the 2005-2010

period, migration from the less to more developed economies counterbalanced the

effects of the excess of deaths over births in those countries.[46]  In the period 2005-2050,

it is projected that international migrants from less developed regions will be 103

million which will more than offset the excess of deaths over births (74 million) in the

developing countries (United Nations, 2006).

**Changing Demographics and Aging:  North American perspective**

i)     **Population Pyramids for the U.S. Population 2000 and 2050**

Figures A.2 and A.3 below illustrate the significant projected increase in the elderly population

over the next five decades. Note that as the middle-range cohorts (those aged approximately

35 to 49 years of age in 2000) move through the decades, the pyramid is altered significantly by

2050 (Figure A.3); as well, the oldest age range of 85 and over also grows significantly.

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[46] In the period 2005-2010, the United Nations reports that "the contribution of net migration was higher than the contribution of natural increase (births minus deaths) to population growth in eight countries or areas, namely Belgium, Canada, Hong Kong, Luxembourg, Singapore, Spain, Sweden and Switzerland" (United Nations, 2006).
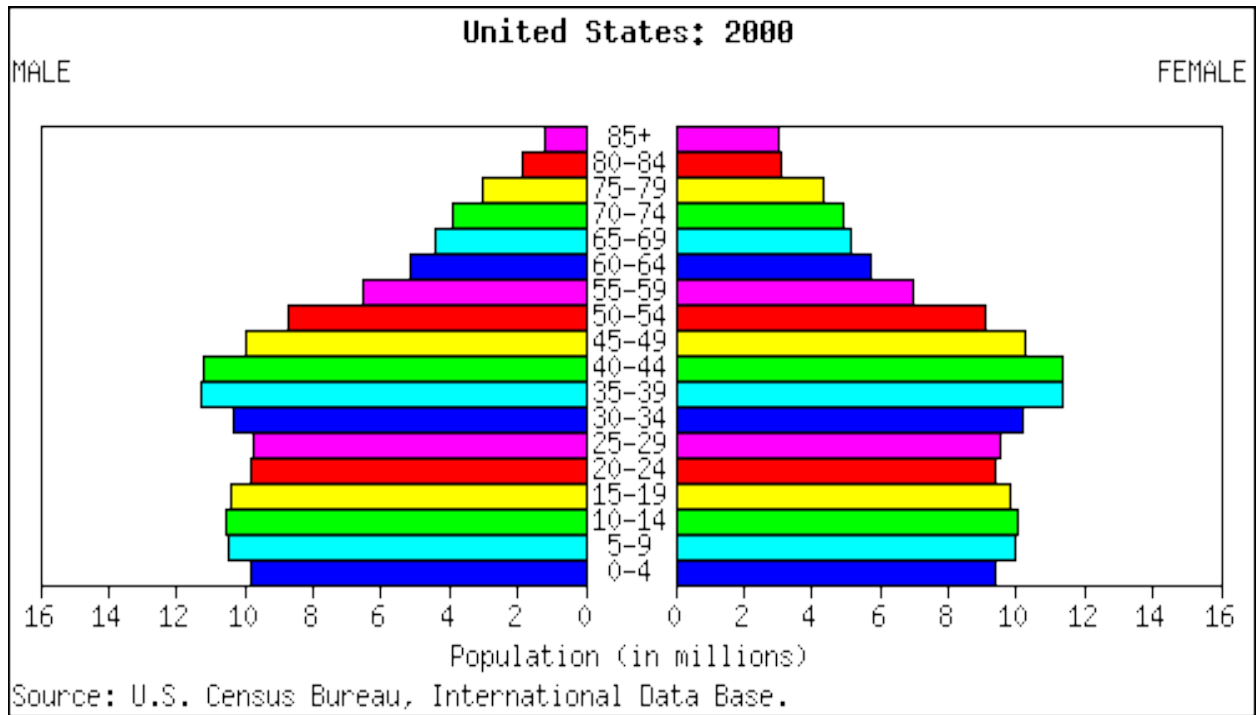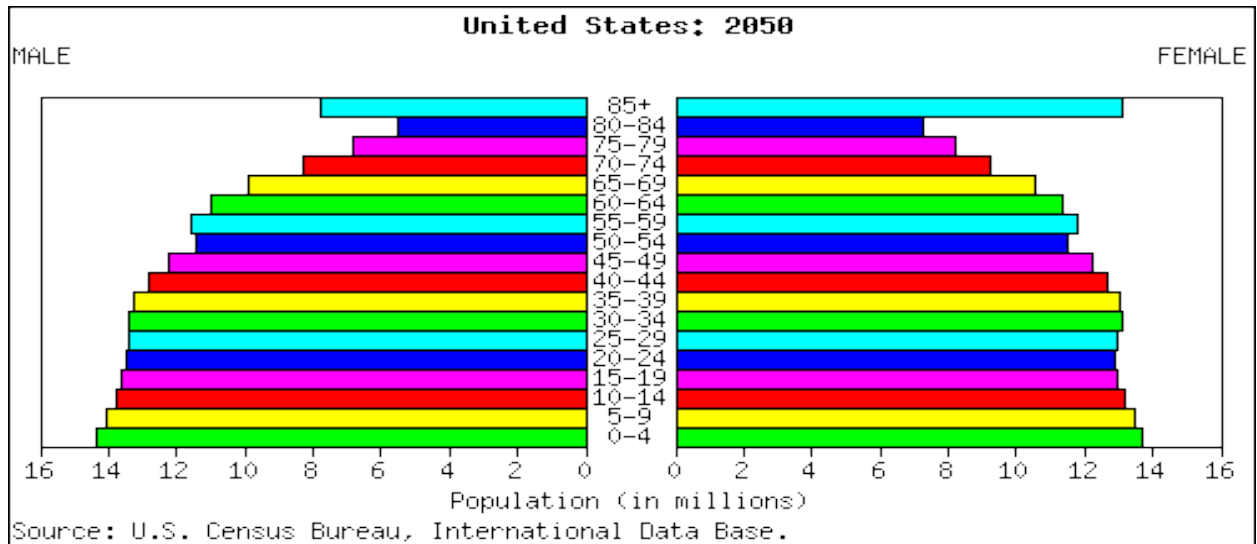
**Figure A.2:    U.S. Population Pyramid 2000**



**Figure A.3:    U.S. Population Pyramid For 2050 (Projected)**

**Demographic Trends and the Aging of Canadian Seniors**

This section will explore the dimensions of Canadian demographics, in particular the geography of aging, along three major dimensions:

Who are the seniors in Canada?

How many seniors are there?

In which age-cohorts are they and how will these cohorts change over time?

Finally, where do elderly Canadians live and what is the nature of the urban/rural divide?

**i)      Aging Trends in Canada**

Fertility rates, life expectancy and immigration, as the major drivers of demographic trends, have changed considerably over the past century in Canada. Figure A4 below illustrates the percentage of the Canadian population over 65 over the period 1921 to 2056 (projected).  In 1921, for example, seniors accounted for less than 5% of the population; by the 1950s and 1960s, they still only accounted for less than 8%. During this period, high post-WWII fertility rates, lower life expectancies and increasing immigration of non-elderly persons all contributed to a profile much different than today (Statistics Canada, 2006). In the period 1981 and 2005, the absolute number of seniors in Canada grew from 2.4 to 4.3 million and proportionally, by 2005, they came to comprise 13.1% of the population (Statistics Canada, 2006).

Mirroring the international trends already noted, the aging of the Canadian population will continue to become more pronounced over the next thirty years, particularly as the baby boom generation (born in the years 1946 to 1965) approach 65 years of age as indicated by Figure A4 below (Statistics Canada, 2006).

**Figure A.4 :** **Percentage of Canadian Population Comprising Persons Aged 65 or Older, 1921 to 2006 and Projected to 2056**
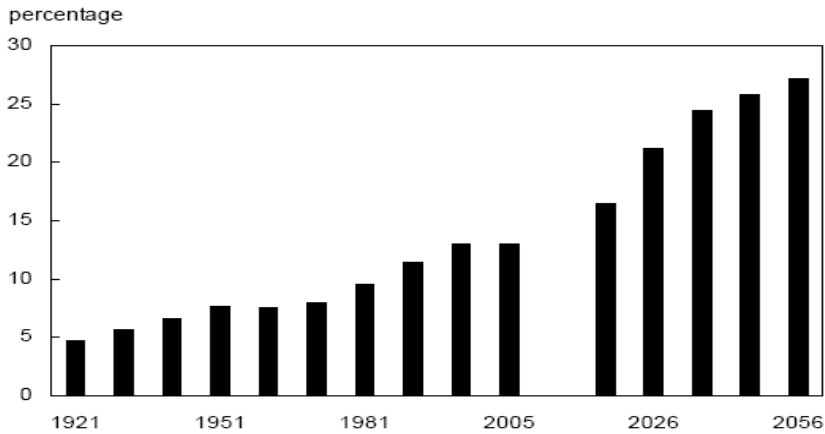


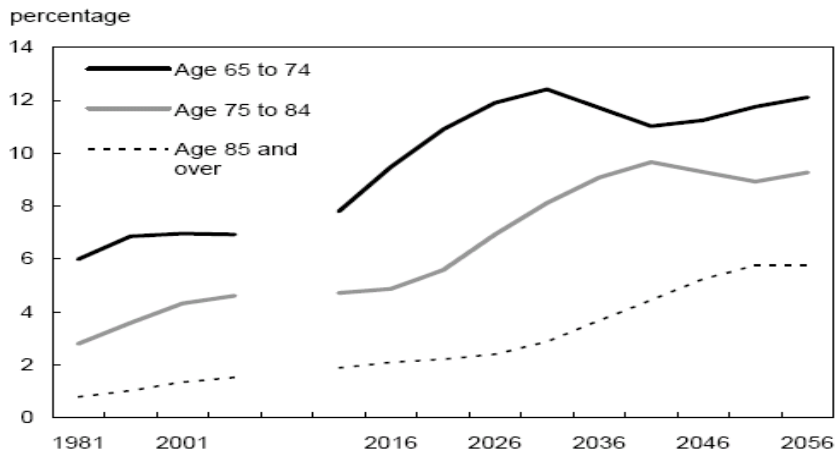**Source: Statistics Canada, 2006, p.11**

### ii)    Trends By Age Cohort

While trends in the senior population have varied significantly among the age cohorts, some pronounced trends are evident and worth noting, particularly as the baby boom generation ages. As shown in Chart A5, the age 65 to 74 cohort, for example, increased in number from 1.5 million to 2.2 million in the period 1981 to 2005, with its proportional share of the population increasing from 6% to almost 7%. However, as the baby boom cohort enters this age group, the absolute number of those aged 65 to 74 years of age is projected to peak at 4.8 million in 2031 and their proportional share of the overall population will stand at 12.4%. The 65 to 74 years of age cohort is then projected to decrease both absolutely and proportionately in the period 2031 to 2041 (see Figure A5) and then increase again to 2056 (Statistics Canada, 2006).

Due to the aging of the baby boomers, the number and proportion of Canadians aged 75 to 84 and 85 and over will increase more dramatically than the age 65 to 74 cohort described above. In the years 1981 to 2005, this cohort increased from 695,000 to 1.5 million in number and from 2.8% to 4.6% as a proportion of the overall population. Statistics Canada reports that while this proportion is projected to remain fairly stable (at approximately 5%) for the next 15 years, it is between 2026 and 2041 (see Figure A5) that the absolute number of 75 to 84 years

olds is projected to grow to 3.9 million or 9.7% as a percentage of the population (Statistics

Canada, 2006).

**Figure A.5:** **Percentage of The Total Canadian Population Comprising Seniors, by Group, Canada 1981 to 2005, With Projections from 2011 to 2056**



**Source: Statistics Canada, 2006, p.12**

Another rapidly growing cohort of the Canadian population is the 85 and over age group.  In the

period between 1981 and 2005, absolute number of Canadians in this age group grew from

196,000 to 492,000, with their share of the overall population growing from 0.8% to 1.5%. As

the Baby Boomers enter this cohort, however, absolute numbers will grow to 2.5 million by

2056 and proportionally, they are projected to comprise 5.8% of the population- nearly three

times their projected share  of 2% during the period 2005 and 2021 share (Statistics Canada,

2006).

**iii)**     **Geographical Comparisons: the Provinces and Territories**

While population projections show that Canadian seniors will account for an increasing share of

the overall population in coming decades, there are significant geographical differences. Some

of the more notable differences both in terms of inter-provincial comparisons and the

distribution of seniors across provinces noted by Statistics Canada from the 2006 census data

are noted below:

- Saskatchewan continues to lead the other provinces and territories with its share of the seniors' population at 14.8%, just as it did in the 2001 census;

- Since the 2001 census, "while Saskatchewan remained the 'oldest' province," it is notable that "Nova Scotia replaced Manitoba as the second oldest province and the three other Atlantic provinces also aged significantly (Hodge, 2008, p.43);

- A significant geographical dimension to aging in Canada is the duality existing between North and South. Both Hodge (2008) and Moore and Rosenberg (1997) make the point that while the southern part of Canada contains substantial concentrations of seniors dispersed widely across all regions, in the northern regions, the concentration of seniors is significantly lower (Hodge, 2008; Moore and Rosenberg, 1997).[47]  This argument is borne out in Chart A6 which shows the elderly concentrations of the Yukon Territory, Northwest Territories and Nunavut as being  substantially lower than their Southern counterparts;

- Hodge (2008) observes that in respect to the geographic pattern of the elderly in Canada, two grouping exist: one group which contains the largest provinces (Ontario, Quebec, British Columbia and Alberta) and 84% of Canadian seniors; and a second group with the remaining provinces which only contains the remaining 16% of seniors (Hodge, 2008).

- Another relevant observation is that Ontario, Alberta and British Columbia have "(1) high concentrations of seniors from visible minorities; (2) the best-educated seniors; and (3) seniors with the highest individual incomes compared to the rest of the country"  (Hodge, 2008, p.48);

- Statistics Canada projections indicate that the overall distribution of seniors across the provinces will change little in the period 2004 to 2026. While all provinces have out-migration and in-migration of seniors, this proportion of the population which moves inter-provincially is small (approximately 0.9% to 3.1%) and is not a major factor in the distribution of seniors (Statistics Canada, 2006; Hodge, 2008).

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[47] Hodge (2008) points out that in the northern regions of Canada, the predominance of aboriginal elders, higher mortality rates and the out-migration of the non-aboriginal population at retirement age will likely continue to contribute to this dynamic (Hodge, 2008).

**Figure A.6:    Percentage of Population Aged 65 or Older, by Province, 2005 Projection to 2026**
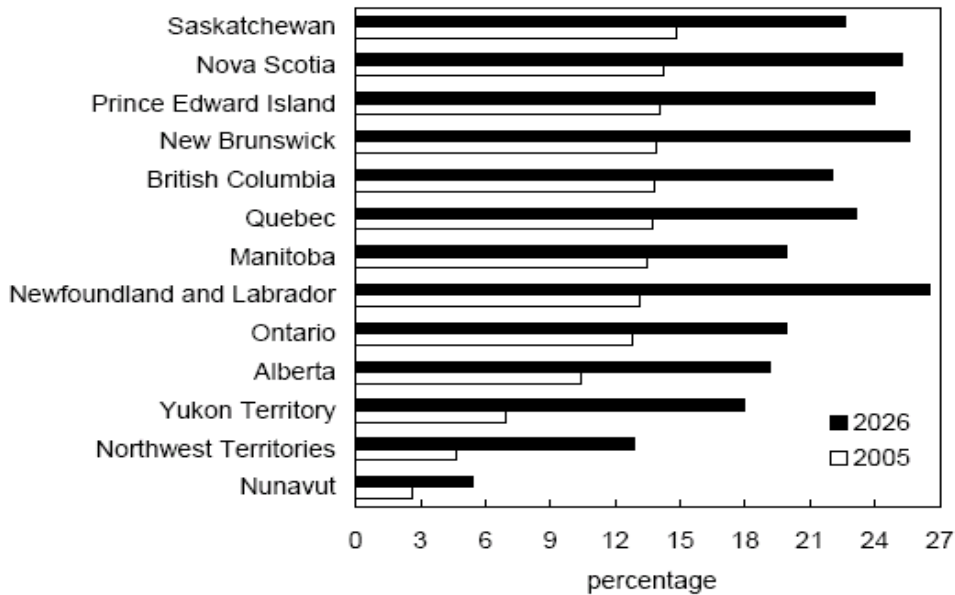


**Source: Statistics Canada, 2006, p.16**

**iv)    Spatial Patterns of Canadian Seniors Across Urban and Rural Areas**

While the dissertation research focuses on age-friendly cities, it is useful to briefly examine the spatial patterns of Canadian seniors across urban and rural areas. [48] As Figure A7 indicates, Canada continues to become increasingly urban and the seniors' population is no exception. The percentage of all age groups living in large urban centres (CMAs) between 1981 and 2001 increased from 57.8% to 64.6%, while the percentage living in rural areas and smaller cities and towns declined. During the same time period, the percentage of seniors living in

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[48] Impending demographics and their effect on the rural population and less populated areas are acknowledged to be unique, significant and requiring further research. However, the parameters of the dissertation research are such that it will only deal with these issues as they relate to cities and urban areas.

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**Figure A.7:** **Percentage of Canadians Residing in Census Metropolitan Areas, by Age Group, 1981 and 2001**
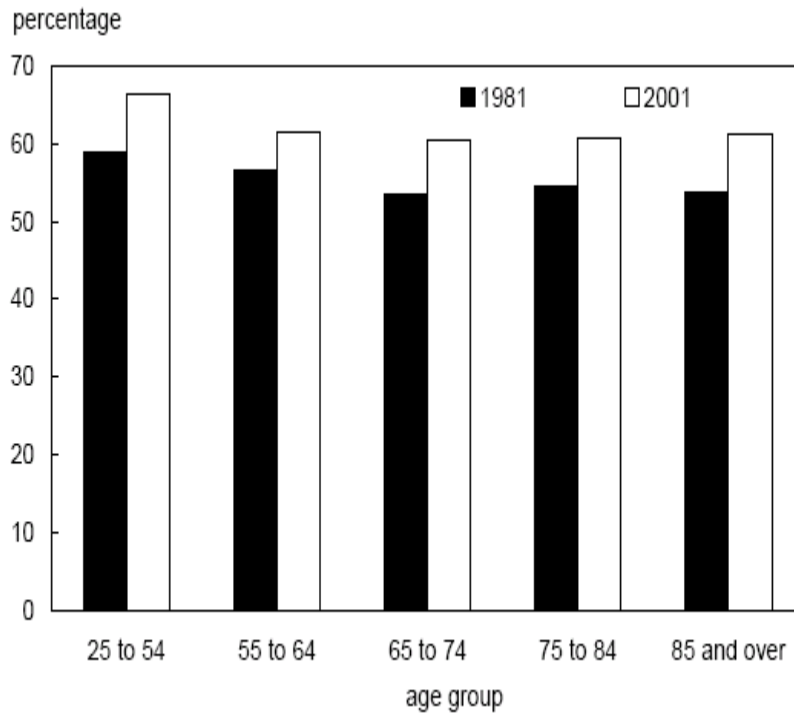


**Source: Statistics Canada, 2006, p.17**

CMAs increased from 53.8% to 60.7% (Statistics Canada, 2006). Some other highlights describing the spatial patterns of seniors across rural and urban areas include:

➢ The rural population in Canada is older than the urban population. In predominantly rural areas, 15% of the population is 65 years of age or greater compared to 13% in those regions which are predominantly urban (Statistics Canada, 2008).

➢ Approximately "seven of every ten seniors in Canada lived in an urban centre with at least 50,000 residents. Another 7.6% lived in smaller communities – 4.8% in communities with populations of 25,000 to 49,999 and 2.8% in communities with populations of 25,000 or less" (Statistics Canada, 2006, p.16).

➢ Across Canada, the proportion of seniors who are living in rural areas with weak or no metropolitan influence is greatest in the Northwest Territories (77%), Newfoundland (55%), Saskatchewan (47%), New Brunswick (43%) and Nova Scotia (40%). It is lowest in the provinces of Ontario (9%) and British Columbia (13%) (Statistics Canada, 2006).

> In those communities experiencing an increase in the number of seniors, most of the increase is attributable to the aging-in-place of the population. Approximately 16% of Canadian communities, however, are aging in part because of the immigration of seniors (Statistics Canada, 2008).

v)       **Seniors and Canada's Towns and Cities**

This section will discuss the considerable variation in the proportion of the population comprising seniors and how it is distributed across Canada's towns and cities. The section begins with an examination of the overall distribution of the seniors' population, and then concludes with an analysis of the dissertation study sites.

There is a wide variation across Canada in the percentage of the population comprising seniors (Figure A8). Statistics Canada reports that the largest share of seniors (expressed as a proportion of the population) in the country for 2004 were found in the following CMAs: St. Catherines-Niagara (17%);  Victoria (17%); Trois-Rivieres (16%); Thunder Bay (15%).  The study site of the City of Sudbury in Northern Ontario was one of the CMAs where the share of the population increased by five (5) percentage points between the 1986 and 2004 census counts-one of the reasons the city was chosen for further study.

In the largest CMAs of Montreal, Toronto and Vancouver, the proportion of the population comprising seniors stands at 13%, 11.1% and 13% respectively. In terms of absolute numbers, these centres contain nearly one third of Canadian seniors. Examining smaller cities and towns with populations between 25,000 and 150,000 (see Figure A8) also indicates a significant amount of variation. Penticton, B.C., Thetford Mines, Que. and Shawinigan, Que. rank in the top three centres with the highest proportion of seniors. Seniors make up almost one quarter of the population of Penticton at the top of Figure A9. The towns of Vernon and Kelowna in B.C.'s

**Figure A.8:     Percentage of Population Comprising Seniors, CMAs (2004)**
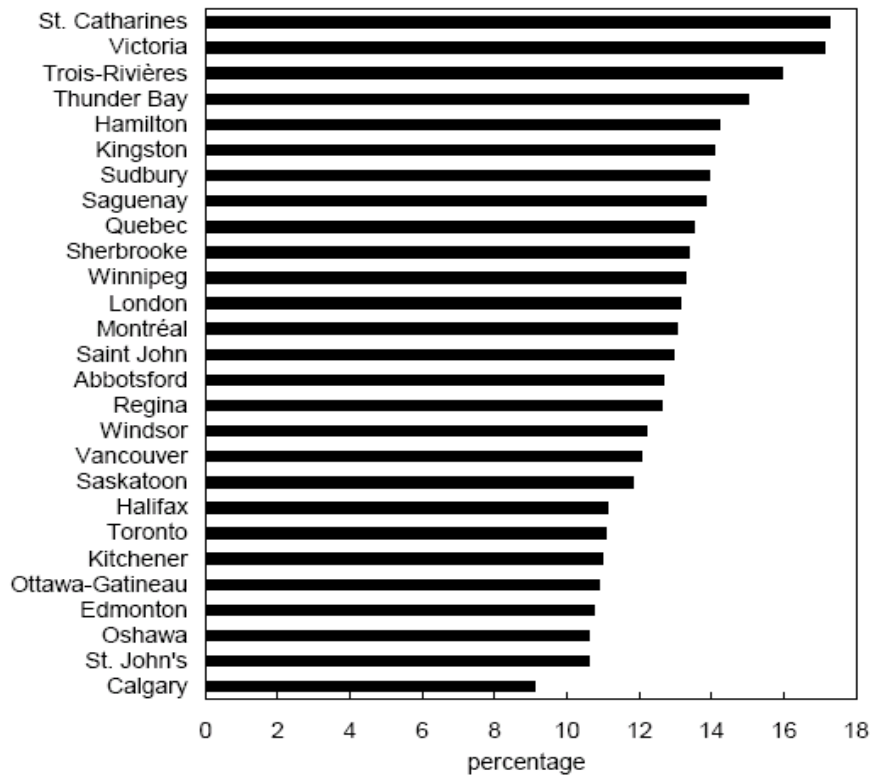


**Source: Statistics Canada, 2006**

Okanogan Valley,  well-known amenity retirement centres, also have high concentrations of seniors.  At the lower end of the scale, towns such as Prince George, B.C., Grande Prairie, Alta. and Wood Buffalo, Alta. have much younger populations and a lower concentration of seniors.

**Figure A.9:     Percentage of the Population Comprising Seniors of Selected Towns With Populations of 25,000 or more**
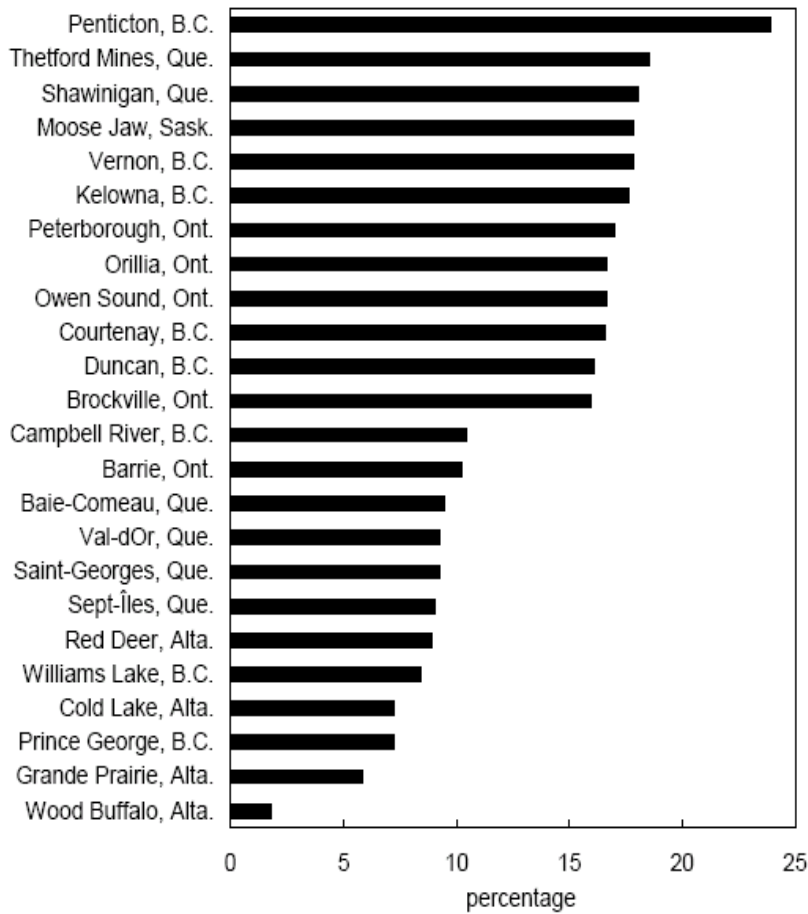


**Source: Statistics Canada, 2006**

Finally, Figure A10 shows that among the smaller centres with populations of 25,000 or less, Elliot Lake has the greatest percentage of seniors. It is not surprising that those aged 65 years of age and over comprise 25% of the town's population since the municipal government has had policies in place for some time which has attracted significant numbers of seniors. Other smaller centres which have a high concentration of seniors include Tillsonburg and Cobourg in Ontario and Yorkton and Swift Current in Saskatchewan.

**Figure A.10:   Percentage of Population of Seniors of Selected Towns With Populations Under 25.000: Largest and Smallest Proportions of Seniors**
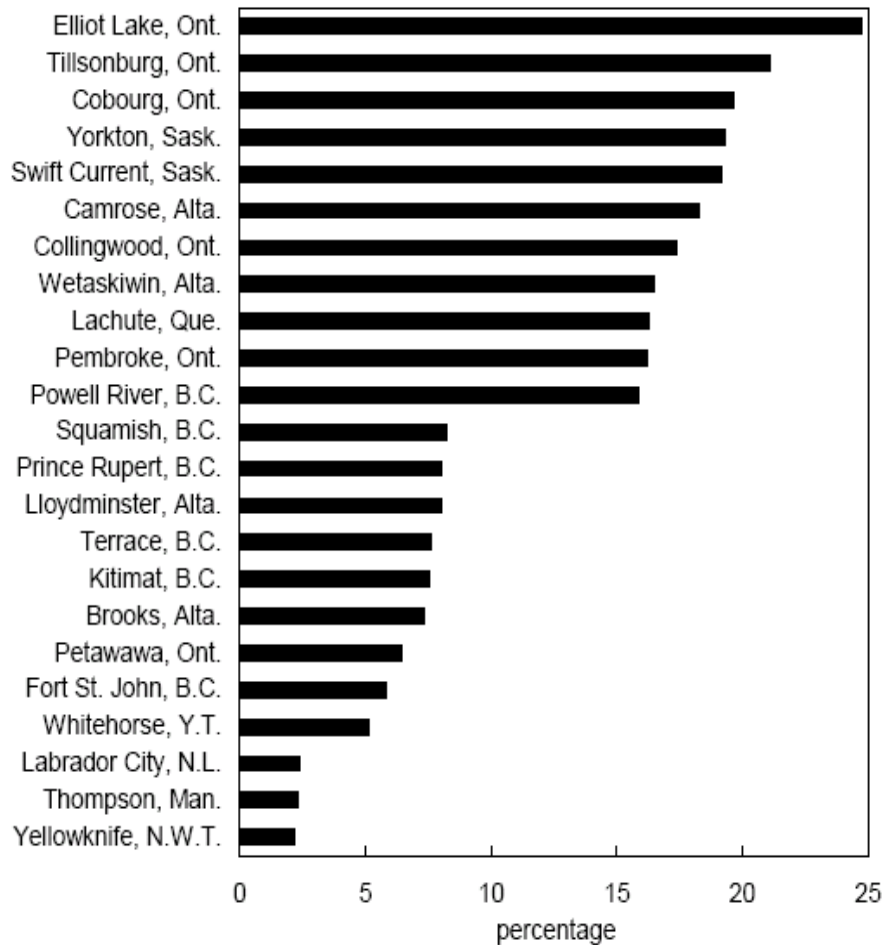


**Source: Statistics Canada, 2001**

At the other end of the demographic extreme, Figure A10 also shows that the populations of several centres in the North such as Whitehorse, Y.T., Labrador City, N.L., Thompson, Manitoba and Yellowknife, N.W.T. which have a much smaller proportions of seniors.

**Other Relevant Demographic Factors**

   i)      **Income**

The literature seems to indicate that the financial situation of seniors is improving. The reasons for this improvement include factors such as private and public pension plan reform, increased tax benefits for seniors and better financial planning undertaken earlier in life (Denton *et al.*,

2004; Cutler, 2005; Kemp *et al.,* 2006). However, as shall become evident below, the heterogeneous nature of the senior population implies that certain subgroups continue to experience low income despite improvements overall.  Table A3 examines the economic well-being of Canadian seniors using a number of indicators for the period 2000-2004. Some indicators such as income, source of income, the percentage of seniors receiving the Guaranteed Income Supplement (GIS) are improving while others (the gap in mean income between men and women) have remained stable or require further research. Some of the major trends in the area of seniors' economic status in Canada are as follows:

> ➢ The National Advisory Council on Aging reports that between 2000 and 2004, both mean and median incomes of senior families and unattached seniors increased (Table A3). The mean income for senior, unattached women increased from $21,100 to $23,200 or nearly 10%;
> ➢ More seniors in Canada are beneficiaries of private pension plans, a factor which is usually indicative of higher incomes; among those seniors with private plans, 60% report that the plan is indexed to inflation (National Advisory Council on Aging, 2006);
> ➢ If the years 1998 and 2003 are compared, there are fewer seniors in the lowest income category and more seniors in the highest income category in Canada. For example, in 1998, 22% of seniors fell into the lowest income categories in Canada; by 2003, only 14% were in these categories (National Advisory Council on Aging, 2004);
> ➢ Aggregated indicators (Table A3) and aggregated numbers (Table A4) hide regional differences. Seniors living in the Atlantic Provinces, Nunavut (aboriginal seniors) and remote areas generally have lower incomes than their urban counterparts (Statistics Canada, 2004; 2006);

**Table A.2:    How Well Are Seniors Faring Economically in Canada?**

| Topic | Indicators | Reference period | Trend direction | Grade |
|---|---|---|---|---|
| Income | Mean and median income of seniors, by family type | 2000-04 | Improving | B |
| | Median income of seniors compared to non-seniors | 2000-04 | Mixed trends | B |
| | Gap in mean income between men and women *(before-tax)* | 2000-04 | Stable | C |
| Source of income | Percentage of income from public and private pension plans, OAS and other sources *(before-tax)* | 1999 and 2003 | Improving | B |
| Income distribution | Distribution of seniors' income *(before-tax)* | 1999 to 2003 | Improving | B |
| Low income | Percentage of seniors below the LICOs | 2000-04 | Improving | B |
| | Persistence of low income | 1996-2001 and 1999-2004 | Improving | A |
| Guaranteed Income Supplement (GIS) | Percentage of seniors receiving GIS | 1999 to 2004 | Improving | B |
| | Number of seniors eligible for GIS but who do not receive it | 1999-2001 and 2003 | Improving | B |
| | Number of seniors applying late for GIS | 2000-05 | Worsening | C |
| Assets and debts | Financial and non-financial assets | No new data | Unknown | — |
| | Indebtedness | | | |
| Economic well-being | Perception of financial situation after retirement | 2002 | Unknown | — |

Source: *Seniors in Canada: 2006 Report Card* (National Advisory Council on Aging)

**Table A.3: Mean and Median Income for Unattached Seniors and Senior Families Between 2000 and 2004 (constant dollars)**

|         | Mean income | | | Median income | | |
|---------|-------------------|----------------|------------------|-------------------|----------------|------------------|
|         | Senior families | Unattached men | Unattached women | Senior families | Unattached men | Unattached women |
| 2000    | $42,600 | $23,600 | $21,100 | $36,000 | $19,300 | $17,800 |
| 2004    | $45,400 | $25,600 | $23,200 | $38,500 | $21,300 | $19,000 |
| Changes | + $2,800 | + $2,000 | + $2,100 | + $2,500 | + $2,000 | +$1,200 |

**Source:  Source:** *Seniors in Canada: 2006 Report Card* **(National Advisory Council on Aging)**

➢ Recent immigrants to Canada encounter a 10 year residency requirement before being eligible for retirement benefits and are thus more likely to have lower incomes (National Advisory Council on Aging, 2004);

➢ The income gap between the genders continues to be a significant issue. Denton and Boos (2007) analyzed gender differences in accumulated wealth among women and men 45 years of age and over and found that females' net worth was 64% that of mens' (Denton and Boos, 2007);

➢ Some observers refer to the "feminization of poverty" where attribution for the large number of older women who continue to live in poverty lie in structural societal issues that create gender inequality.  Research indicates that women earn less than men, leave the work force more often, occupy lower-income positions and are less likely to have earned private pension benefits (McPherson and Wister, 2008).

### ii)       Immigration and Ethnicity: the changing nature of Canada's senior population

Immigration and ethnicity are important dimensions of the Canadian population and will become even more so in future. Some of the major past, present and future trends in the area of immigration and ethnicity are presented below:

➢ Since approximately 1971, significant changes have occurred in the composition of immigration in Canada. Previous to 1971, approximately 75% of immigrants originated in Europe and the U.S. Later, in the 1991-2001 period, for example, most immigrants (approximately two thirds) originated in countries such as Asia, Africa, South America and the Caribbean (Hodge, 2008). These changes in

immigration patterns will eventually be reflected in the seniors' population. For example, currently 54% of all immigrant seniors originate from Western Europe while those seniors born outside of Canada or a European Country make up only 12.6% of the population (Statistics Canada, 2006). Given the nature of current immigration, however, the composition of the future seniors' population will change appreciably in future decades.

➢ Chart A11 indicates that immigrants comprise more than one quarter of all seniors in Canada. However, there is significant variation among the provinces and territories; Ontario and B.C. have the greatest numbers at 41% and 39% respectively, while P.E.I., New Brunswick, Nunavut and Newfoundland and Labrador contain the lowest.

**Visible minorities:** under Canada's Employment Equity Act, visible minorities are defined as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour" (Statistics Canada, 2004). Due to the changing immigration patterns discussed above, persons of visible minority are beginning to account for an increasing proportion of the overall seniors' population. For example, in the period 1981 to 2001, the percentage of Canadian seniors who were members of a visible minority group increased from 2.3% to 7.2%. Among the younger cohorts (aged 25 to 54) who will be the future seniors, the increase during the same period was even greater from 5.5% to 13.9% (Statistics Canada, 2006).

**Aboriginal Seniors:** in 2001, there were 39,600 Aboriginal seniors out of a total population of 976,000. While approximately 13% of the non-Aboriginal population falls into the 65 years of age and over category, the Aboriginal population is much younger with only 4% seniors (Statistics Canada, 2006). The provinces with the largest Aboriginal populations in 2001 were Ontario (8,600), British Columbia (7,240) and Manitoba (5,535). Aboriginal seniors are less urbanized than their non-Aboriginal counterparts. In 2001, while 80% of non-urbanized seniors lived in cities, only 25% of Aboriginal seniors did. Older North American Indians are much more likely to live on reserve (53%) compared to the younger cohorts between 25 and 64 (43% of whom live on reserve). Most Inuit seniors continue to reside in the far North where 75% live on reserves; only 4% of Inuit lived in urban areas in 2001 (Statistics Canada, 2006).

**Figure A.11:    Percentage of Immigrants Among Seniors, by Province and Territory, 2001**
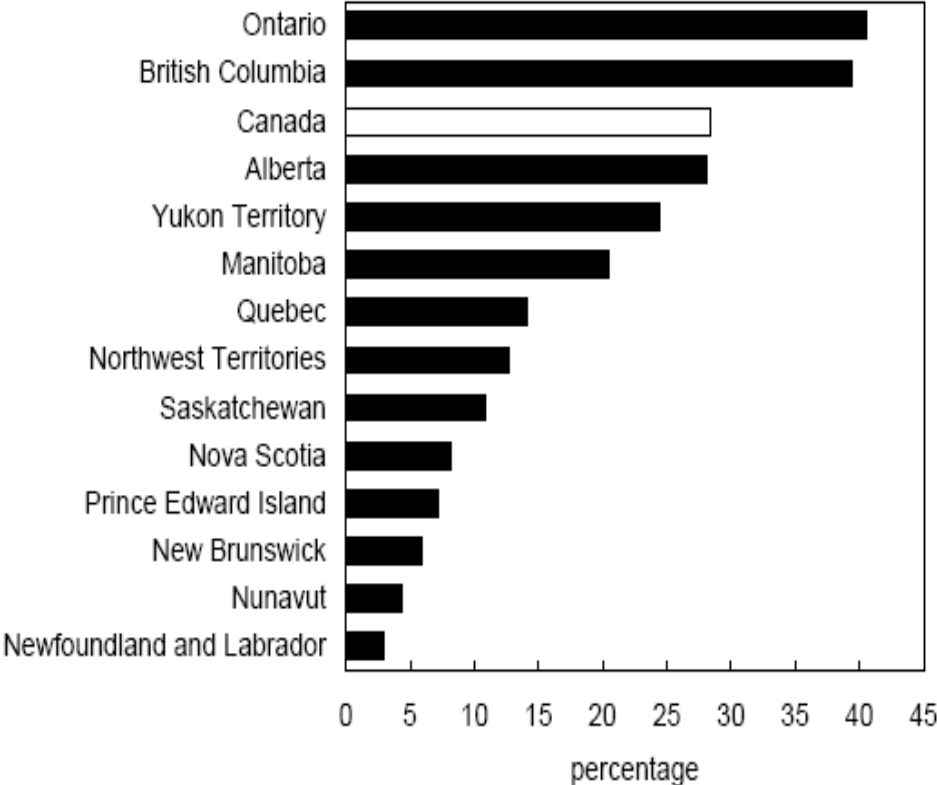


**Source: Statistics Canada, 2006**

**APPENDIX 2**

**INTERVIEW GUIDE FOR URBAN, SOCIAL, HEALTH PLANNERS**

**PART 1:      Awareness/Preparedness of Planners for Impending Demographic Changes and Societal Aging**

1.  How prepared do you think planners are for the challenges of impending demographic change?

2.  How prepared do you think officials such as mayors and politicians are for the challenges of impending demographic change?

3.  Is demographic data about all age groups in your community collected, analyzed and used in making planning decisions? What is the source of the data?

4.  Does the planning process in your city specifically consider the needs of seniors?

5.  Are seniors' views, preferences and needs solicited from them and considered in the planning process?

6.  What sort of challenges do you think your city will experience as a result of demographic change and societal aging over the next few decades?

**PART 2:      The Planning Response to Demographic Change, Societal Aging and Creating Age-Friendly Cities**

7.  Can you describe any initiatives currently underway to deal with the challenges presented by demographic change and societal aging?

8.  Are there any initiatives currently underway or being considered in future which will make your city more age-friendly?

9.  Do you think planning initiatives to deal with demographic change in your city should be targeted at seniors in particular or all age groups?

10. Have the issues of demographic change and/or creating age-friendly cities appeared on the city council agenda, planning department agenda or in any other such setting?

11. To what extent do you think the planning profession is equipped to respond to the challenges of impending demographic change and societal aging:

    a. Theoretically?

    b. Empirically?

    c. Strategically?

12. Do you think planners, politicians and others can/should work together to create age-friendly cities? How?

13. Do various types of planners (e.g. urban, social, health planners) jointly discuss issues and develop strategy to deal with demographic change, societal aging and creating age-friendly cities? How?

**PART 3:**    **Planners as Potential Leaders in Creating Age-Friendly Cities**

14. Describe your "ideal" vision of what an "age-friendly" community of the future might look like.

15. What role do you think you can play [or have you played] in helping making such a vision reality?

16. Do you think the planning profession is equipped to lead in preparing society for impending demographic aging and helping create age-friendly cities? If so, how? If not, please explain.

17. How can the planning response to the societal challenge of impending demographic change and creating age-friendly cities be pro-active and strategic versus being reactive?

**PART 4:**    **Newer Planning Approaches and Their Role in Creating Age-Friendly Cities**

18. What role can newer planning methods such as the following play in responding to demographic change, societal aging and creating age-friendly cities:

    i. Smart Growth?

    ii. New Urbanism?

    iii. Sustainable Development?

    iv. Healthy Cities?

19. Has your city adopted any of these approaches to planning?

20. If these new approaches have been adopted, how do you think they might help your city become more age-friendly?

**PART 5:**       **Creating Age-Friendly Cities and Advancing the Sustainability/Environmental Agendas**

21. Do you think planning's response to demographic change and societal aging also presents an opportunity to advance the environmental and sustainability agendas? If so, how?

22. Can you describe some of the major environmental/sustainability initiatives underway in your city and point to how they might relate to creating more age-friendly urban form?

**PART 6:**       **Combining Knowledge and Research in Planning and Gerontology**

23. How would you rate your general knowledge of gerontology (e.g. research on the elderly and their environment)? Would you describe it as basic, intermediate or advanced?

24. Do you refer to or use knowledge in gerontology in your work as a planner?

25. If so, can you give some examples?

26. Do you think a better understanding of gerontology would help in your work as a planner? If so can you give some examples?

**PART 7:**       **Further Research Themes**

**Can you comment on the importance of the following in respect to creating age-friendly cities:**

   a. Land use

   b. Comprehensive planning

   c. Transportation patterns among older adults

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d.  Seniors' housing (including a broad spectrum of socio-economic strata and care levels; integration vs. segregation)

e.  Safe urban environment

f.  Social engagement/involvement

g.  Multiculturalism/immigration

h.  Health and social services availability and access

i.  Healthy and Sustainable urban design (age-friendly outdoor spaces and buildings; life-time neighbourhoods)

j.  Potential migration of baby boomers back to city core

**PART 8:      Potential Changes to the Planning System**

27. If anything could be changed with the municipal planning process in order to make creating age-friendly cities easier, what do you think these changes should be?

28. With respect to making changes in the municipal planning process to make creating age-friendly cities easier, could you please comment specifically on the following:

   i)      The land-use planning process

   ii)     The comprehensive planning process

   iii)    Healthy and Sustainable Urban Design

   iv)     The migration of baby boomers back to the city core

   v)      Other areas of change you believe are necessary

**PART 9:      Other Relevant Issues**

29. Is there anything else you would like to say about changing demographics, societal aging or creating age-friendly cities that we have not covered in the questions above?

30. Who else do you know to whom I should be speaking about age-friendly cities?

**INTERVIEW GUIDE FOR DEVELOPERS (PROFIT AND NON-PROFIT)**

**PART 1:**     **Awareness/Preparedness of Impending Demographic Change**

1. How prepared do you think planners are for the challenges of impending demographic change?

2. How prepared do you think officials such as mayors and politicians are for the challenges of impending demographic change?

3. Does the planning process in your city specifically consider the needs of seniors?

4. What sorts of challenges do you think your city will experience as a result of demographic change and societal aging over the next few decades?

5. What sort of demographic data do you consider in planning for housing products for seniors? What is the source of the data?

6. What impacts will demographic changes and societal aging have on your business/organization?

**PART 2:**     **The Response to Demographic Change, Societal Aging and Creating Age Friendly Cities**

7. Are you aware of any initiatives currently underway or being considered in future which will make your city more age-friendly?

8. Do you think planning initiatives to deal with demographic change in your city should be targeted at seniors in particular or all age groups?

9. How do you think planners, politicians and others can work together to create age-friendly cities?

10. Are changing demographics and societal aging going to change the way you do business?

11. Are you planning any new housing products for seniors as a result of demographic change and societal aging?

12. What is the nature of your work relationship with planners? Do they make your work easier or more difficult?

**PART 3:      Creating Age-Friendly Cities**

13. Describe your "ideal" vision of what an age-friendly community might look like?

14. How can such a vision best be achieved?

15. What role do you think you can play in making such a vision a reality?

16. What do you think is the role of urban planners in creating age-friendly cities?

17. Do you think urban planners can be leaders in this process? If so, please explain why. If not, who do you believe is best equipped to lead this process?

**PART 4:      Newer Planning Approaches, the Environmental/Sustainability Agendas and Age-Friendly Cities**

18. Are you aware of newer planning approaches such as Smart Growth, New Urbanism, Sustainable Development or Healthy Cities?

19. Has your city adopted any of these approaches to planning?

20. If these new approaches have been adopted, how do you think they might help your city become more age-friendly?

21. Are you using any of these planning approaches in your developments?

22. Do you think planning's response to demographic change and societal aging also presents an opportunity to advance the environmental and sustainability agendas? If so, how?

23. Can you describe some of the major environmental/sustainability initiatives underway in your city and how they might relate to creating more age-friendly urban form?

**PART 5:      Potential Changes to the Planning System**

24. If anything could be changed with the municipal planning process in order to make creating    age-friendly cities easier, what do you think these changes should be?

25. With respect to making changes in the municipal planning process to make creating age-friendly cities easier, could you please comment specifically on the following:

       i)      The land-use planning process

ii)	The comprehensive planning process

iii)	Healthy and Sustainable Urban Design

iv)	The migration of baby boomers back to the city core

v)	Other areas of change you believe are necessary

**PART 6:	Other Relevant Issues**

26. Is there anything else you would like to say about changing demographics, societal aging or creating age-friendly cities that we have not covered in the questions above?

27. Who else do you know to whom I should be speaking about age-friendly cities?

## INTERVIEW GUIDE FOR NATIONAL AND INTERNATIONAL KEY INFORMANTS

**PART 1:**      **Awareness/Preparedness of Impending Demographic Change**

1. How prepared do you think planners are in your [name city, country or region as applicable] for the challenges of demographic change?

2. How prepared do you think politicians and other public officials [name city, country or region as applicable] for the challenges of demographic change?

3. Does planning for demographic change specifically consider the needs of seniors at the:

     i. City level?

     ii. Regional level (if applicable)?

     iii. National level?

4. What sorts of challenges do you think your [name city, country or region as applicable] will experience as a result of demographic change and societal aging over the next few decades?

5. What sort of demographic data do you consider in planning for housing products for seniors?

6. What is the source of the data?

**PART 2:**      **The Response to Demographic Change, Societal Aging and Creating Age-Friendly Cities**

7. Are you aware of any initiatives currently underway or being considered in future which will make your [city, country, region] more age-friendly?

8. If so, can you give examples of such initiatives at the [city/country, regional level]?

9. Can you provide examples of initiatives in the area of preparing for impending demographics/societal aging in your [city/region/country] which you would consider a model for best practices?

10. Do you think planning initiatives to deal with demographic change in your city should be targeted at seniors in particular or all age groups?

11. Do you think planners, politicians and others can/should work together to create age-friendly cities? How?

12. Are the issues of demographic change and/or creating age-friendly cities broadly discussed in the public forum? If so, is it at the local, regional or national level?

13. Do various types of planners (e.g. urban, social, health planners) jointly discuss issues and develop strategy to deal with demographic change, societal aging and creating age-friendly cities? How?

**PART 3:     Creating Age-Friendly Cities**

14. Describe your "ideal" vision of what an "age-friendly" community of the future might look like.

15. What role do you think you can play [or have you played] in helping making such a vision reality?

16. Are there any examples of age-friendly cities or neighbourhoods in your country? If so, can you give some examples?

17. Do you think the planning profession is equipped to lead in preparing society for impending demographic aging and helping create age-friendly cities? If so, how? If not, please explain.

**PART 4:     Newer Planning Approaches, the Environmental/Sustainability Agendas and Age-Friendly Cities**

18. Are you aware of newer planning approaches such as Smart Growth, New Urbanism, Sustainable Development or Healthy Cities?

19. Has your city adopted any of these approaches to planning?

20. If these new approaches have been adopted, how do you think they might help your city become more age-friendly?

21. Are you using any of these planning approaches to create age-friendly cities?

22. Do you think planning's response to demographic change and societal aging also presents an opportunity to advance the environmental and sustainability agendas? If so, how?

23. Can you describe some of the major environmental/sustainability initiatives underway in your city and point to how they might relate to creating more age-friendly urban form?

**PART 5:**       **Potential Changes to the Planning System**

24.  If anything could be changed with the city planning process in order to make creating age friendly cities easier, what do you think these changes should be?

**PART 6:**       **Other Relevant Issues**

25. Is there anything else you would like to say about changing demographics, societal aging or creating age-friendly cities that we have not covered in the questions above?

26. Who else do you know to whom I should be speaking about age-friendly cities?

**APPENDIX 3: FURTHER FINDINGS FROM INITIAL EXPLORATORY STUDY**

**Major Themes Specific to Choosing the Location or Site of Large Seniors' Developments**

In Chapter 4, an abbreviated version of the findings and discussion was presented in respect to the Initial Exploratory Study. Herein, more detailed information of the issues and dynamics related to choosing a location for large, multi-level care seniors' facilities such as Continuing Care Retirement Communities is presented. As key informants were interviewed, (some of whom had significant experience in planning, building and operating such facilities), interesting themes emerged:

- ➢ Proximity to shopping and convenience services, restaurants, cultural amenities, hospitals, library, medical services, places of worship and transit accessibility are key factors in deciding where to site/locate a seniors' development;

- ➢ Several key informants commented on the relationship between a seniors' development and surrounding amenities. It seems if the "right" location is chosen, the presence of the seniors' development serves to enhance its surroundings and neighbourhood; in turn, the neighbourhood with its nearby amenities magnifies the advantages of the seniors' development and the amenities contained therein (n=4);

- ➢ Location/siting becomes more crucial for younger, more active seniors since they (more) often wish to be located close to amenities and activities than older seniors. Older seniors, are often far less mobile and thus more likely to be bound to the confines of the development. In the case of the latter group, the amenities and activities contained inside the development seem to become more important than those in the surrounding community (PLT-KR-01);

- ➢ It was indicated that transit accessibility is a key factor, especially for the younger, more active senior, since they wish to be reassured that if they can no longer drive, they will continue to remain mobile (PLT-KR-05);

- ➢ Some of the same factors which would make a commercial condominium development desirable in terms of location are also important operative factors in the case of a large, continuum of care seniors' development (PLT-KR-01);

➢ Initial data seems to suggest that choosing a site for a seniors' development close to the city core may be less important in a large city than it is in a medium-sized city. As one informant put it, "the smaller the city, the more important it [the seniors' development] is to be located near the core" (PLT-KR-02). However, in a large city such as Toronto, the key factor in a seniors' developments' location was seen to be the concept of neighbourhood. Perception rather than reality seemed to be the operative factor in this dynamic. For example, one development consultant with decades of experience indicated that in the larger cities, potential residents wish to stay in their own neighbourhood. The thought of moving close to the city core carries with it the perception of "lack of safety, noise, traffic and nuisance" (PLT-KR-02);

➢ Two key informants (both planners) indicated that in smaller cities, placing the seniors' development near the core was crucial. Proximity to the core, particularly in a smaller city, was seen as important because building a complete community where people would not be dependent on a private vehicle and "could potentially achieve their daily needs within a 10 to 15 minute walk was desirable" (PLT-KR-08); (PLT-KR-04).;

➢ The nature, composition and demographics of a given neighbourhood seem to be important in determining whether it might be an appropriate site for a seniors' development. Key respondents in the CCRC field indicated that in Canada, most people must sell their home and use approximately 80% of the equity to buy into a new development (PLT-KR-01); thus, the equity to be derived from the sale of the family home is a crucial part of a successful move to a seniors' development. A move is likely to be more successful when it is made within a few miles of one's former home (PLT-KR-01); (PLT-KR-05);

➢ Neighbourhood composition was also reported as being an important factor in the siting/location decision. This finding is consistent with past research showing that in retirement, people often wish to remain where their friends, family and social support group are located (Krout and Moen, 1996; Lawton, 1980). Finally, the idea of having one's daily needs met within both the seniors' development and in the surrounding

(familiar) neighbourhood seems an attractive proposition to prospective residents (PLT-KR-05); (PLT-KR-06); (PLT-KR-04);

➢ One key respondent indicated that she saw seniors moving back to the core as an emerging future trend (PLT-KR-04);

➢ There should be congruency between the site/location chosen for a seniors' development and its surrounding neighbourhood in respect to both zoning and land use.

Many other insights were gleaned from interviewing planners and operators of CCRCs. For example, most seniors' developments (and seniors' facilities in general) fit into the 'Institutional Zoning' category. A few key informants indicated it was important to ensure that zoning was broad enough to allow for diversity of use (e.g. medical, pharmacy, convenience retail, restaurants) but narrow enough to ensure that the seniors' development was separated from industrial or non-residential uses (PLT-KR-02); (PLT-KR-08).

Initial questions to ask in respect to congruency of land use were suggested by a planner during one of the interviews. It was suggested some useful questions might be "Is it [the seniors' development] integrated with neighboring land uses and forms? Is it complementary with surrounding uses or does it stick out?…"(PLT-KR-02). Congruency between the nature of the proposed development and the objectives of the official plan of the host city was also seen to be important (PLT-KR-02).

From a planning perspective, the ability to continue an existing road grid into the site was seen as important so that the site remains permeable and accessible to pedestrians and vehicular traffic. This was seen as key in helping prevent an insular or gated community (PLT-KR-02); (PLT-KR-04).

Key respondents indicated a preference for siting/locating a seniors' development close to natural areas, including hiking, biking and walking trails without losing the locational advantages implicit in an urban setting. As one key informant indicated "When people are moving out of a single family home where they have had a back yard, they have had their own private outdoor space, now they are moving into a larger complex, they want to know they

have access to trails and so forth" (PLT-KR-01). Notwithstanding the desirability of an aging-in-place facility being close to trails and natural amenities, the point was made that such a locational advantage can be hard to come by, particularly if the development is in an urban environment (PLT-KR-01).

Locating/siting a Seniors' development in a greenfield is seen as a much less desirable notion than having it become part of the existing urban area. It seems that most developers of seniors' facilities have come to recognize that locating seniors in an isolated location far from existing neighbourhoods and amenities is less than desirable (PLT-KR-01). If a greenfield development must be chosen, the seniors' development may be part of the impetus for a new community to be formed around it. An example was offered in Barrie, Ontario where a greenfield seniors' complex led to the development of a larger residential neighbourhood with related amenities available to everyone, including those living in the seniors' facility (PLT-KR-01).

Locating a seniors' development on a brownfield site or a re-developed factory site was viewed as acceptable with some cautions outlined. Clean-up costs were seen as a potential concern due to their often unpredictable nature (PLT-KR-01). If the site could be cleaned up and public perception about contaminants overcome, it then faced the same hurtles as other sites in respect to judging its suitability. Sometimes the advantages of a brownfield site, however, make it superior to other alternatives. For example, it may be close to the core and even a city's waterfront. Thus, there may be definite advantages over other potential sites (PLT-KR-07).

There seem to be "knock-out" dimensions which can result in a particular site/location not being considered further and developers (both profit and non-profit) gave some indications during the research as to the form these might take. Some examples of such factors that will significantly impair or even halt the process of site/location assessment are: loud noise from airports and railroad yards; very heavy vehicular traffic on major roads; and pollutants (including unpleasant odors) from industrial sources. These can have very adverse effects on the enjoyment of residents and the overall success of the development (PRT-KR-); (PLT-KR-06).

**APPENDIX 4**

**SUMMARY COMPARISONS BETWEEN THE REGION OF WATERLOO STUDY CITIES AND THE CITY OF GREATER SUDBURY**

A number of comparisons were made in Chapter 2 between the GGH study cites in Southern Ontario and the City of Greater Sudbury in Northern Ontario; however, in this section, further contrasts will be made alongside some of the important research themes already identified such as  preparedness of planners to deal with societal aging; the planning response and the role of the newer planning methods.

    i)        **Findings:  The Importance of Location and Demographic Factors in Planning For Societal Aging**

Comparing the dissertation study cities of Kitchener, Waterloo and Cambridge (the urban centres comprising the Region of Waterloo) with Greater Sudbury in Northern Ontario, is a study in contrasts.  The   Kitchener CMA, with a population growth rate of 8.9% between 2001 and 2006 is among the fastest growing CMAs in Canada (Statistics Canada, 2006). Kitchener, Waterloo and Cambridge are located in Southern Ontario in the region known as the Greater Golden Horseshoe.  More particularly, these cities are approximately 100 kilometers west of Toronto, 122 kilometers north of the Canada-US Border at Niagara and 243 kilometres  east of the Canada-US border at Detroit,  a favourable location for trade and commerce within Ontario and with the US Northeast and Midwest. The Region of Waterloo contains three post-secondary institutions- the University of Waterloo, Wilfrid Laurier University and Conestoga College of Applied Arts and Technology- and has developed a strong local economy known for information  technology, insurance and finance and  manufacturing (KPMG, 2006). In fact, in the period 2001 to 2006, the Kitchener CMA had the sixth fastest employment rate growth in Canada (Statistics Canada, 2009). Not surprisingly, Kitchener, Waterloo and Cambridge continue to be an area which attracts immigrants. For example, in 2005/06, 3,379 immigrants settled in the Kitchener CMA while in the same year only 107 settled in Greater Sudbury (Statistics Canada, 2008).

The City of Greater Sudbury on the other hand, is a relatively small metropolitan area approximately 400 kilometers north of Toronto. Unlike the Southern Ontario study cities located in the GGH which has a population of nearly eight million people, Sudbury is in the midst of Northern Ontario, a hinterland region of Canada containing 90% of the land mass of the Province but only 6.3% of the population (Bollman, Beshiri and Mitura, 2006). The City of Greater Sudbury is the largest municipality in Northern Ontario and perhaps best known for its mining of copper and nickel. The City of Sudbury and the surrounding region enjoyed robust growth during the post-WWII years when it produced up to 80% of the world's nickel (Saarinen, 1990; Wallace, 1998). However, by the 1970s, the forces of post-Fordist economic restructuring, deindustrialization and falling demand for base metals such as copper and nickel dealt hard blows to the City of Sudbury (Saarinen, 1990; Wallace, 1998, Stephenson et al, 1979; Hall, 2007). Eventually, employment at the two largest mining companies fell from a 1971 high of 25,700 to a 2005 low of 6,000 (Sarinen, 1992; Hall, 2007). The City of Greater Sudbury has in more recent times become a "regional service centre for Northeastern Ontario for medical care, retail, tourism, government and education" (Hall, 2007, p.8; Saarinen, 1990). Sudbury also has several post-secondary institutions: Laurentian University, Cambrian College and College Boreal and the Northern Ontario School of Medicine. Despite signs of growth in post-secondary education, healthcare and some other sectors, the City of Sudbury remains an area of low growth. The City lost population between 1991 and 2001 and had slight gains from 2001 to 2006 (Statistics Canada, 2006; Ministry of Finance, 2008). Table A4 shows Sudbury's current population at 164,800 with a population growth rate of 1.7% from 2001-2006.

**Table A.4:** **Comparing Major Demographic Dimensions Between the Southern Ontario Study Cities and the City of Greater Sudbury**

| | Total Population (2006) | Population Growth Rates: 2001-2006 | Percentage of Seniors (2006) | Number of Seniors (2006) | Family Median Income 2002-2006 |
|---|---|---|---|---|---|
| Combined population of Kitchener, Waterloo and Cambridge | 422,513 | 8.9% | 11.4% | 48,166 | $72,800 |
| City of Greater Sudbury | 164,800 | 1.7% | 15.8% | 26,038 | $69,700 |

**Sources:** **Ontario Ministry of Finance, 2008; Statistics Canada, 2006.**

The City of Greater Sudbury's demographic descriptors look very different from those of Kitchener, Waterloo and Cambridge. Rather than the low growth experienced by Sudbury, Kitchener, Waterloo and Cambridge enjoy a high population growth rate, high immigration and greater prosperity.  Population differences between the study cities are important, as is the absolute number of seniors. While Greater Sudbury has a higher percentage of seniors (15.8%) the actual number is nevertheless smaller (26,038) residents aged sixty-five or above, compared to 48,480 for the GGH study cities.  The larger critical mass of seniors in Kitchener, Waterloo and Cambridge has undoubtedly had some bearing on the number of feasible options in regard to housing and other specialized health and social services which have been made available to this group. For example, Kitchener, Waterloo and Cambridge have a well-developed seniors housing sector with multiple housing options available, particularly to those in higher income levels (see Lucas, 2002) while research in Sudbury show a much smaller subset of options available.

Another significant difference between the study sites which will have an effect on preparing for aging demographics is climate. While seniors in Kitchener, Waterloo and Cambridge are in Southern Ontario where winters can be challenging, Sudbury's location in Northern Ontario makes for significantly harsher conditions. As one key informant in Sudbury pointed out, "…in minus 40 degrees, how do you wait at a bus stop if you are 80 years old, especially if the bus only comes once per hour? If you are healthy and wealthy, you can drive perhaps, otherwise, you are in trouble" (DEV-08-P4). The data collected in Northern Ontario seemed to consistently indicate that extreme cold weather and heavy snow presented difficulties for seniors in respect to mobility.

Finally, wealth is another factor differentiating Kitchener, Waterloo and Cambridge from Greater Sudbury, both in terms of disparities in family income and in the magnitude of available public resources.  Kitchener, Waterloo and Cambridge had a median family income of $72,800 in 2006 compared to $69,700 for Greater Sudbury.  Apart from employment in mining and resource-based jobs (the number of which are declining), Greater Sudbury has had difficulty attracting high-paying employment opportunities and has a prevalence of call centre and retail

jobs (see Hall, 2007). This is in sharp contrast to the Cities of Kitchener, Waterloo and Cambridge which are in a region known for innovation and employ over 26,000 in 450 information technology positions. With a larger tax base and a two-tiered government structure, Kitchener, Waterloo and Cambridge will undoubtedly be better equipped to plan for aging demographics in future and to pay for the solutions which will be required. In a low growth environment like that of Greater Sudbury, this will likely be increasingly difficult.

### ii)     Findings: Comparing the Study Sites On the Research Themes

A comparison of the data relating to the major research themes for the GGH Cities and Greater Sudbury are outlined in summary form in Table 7.14 below:

**Table A.5:     Comparing the Study Cities on Major Research Themes**

| Research Theme 1: How prepared are planners, developers and other officials for changing demographics and societal aging? | |
|---|---|
| **Kitchener, Waterloo and Cambridge** | **City of Greater Sudbury** |
| ➢ Some level of preparedness, augmented by presence of three city planning departments, a Regional Municipal Planning body and two Social Planning organizations.<br>➢ Larger tax base and increasing growth of region will allow for more options in planning for aging population. | ➢ Limited level of preparedness.<br>➢ Sudbury's one-tier government, relatively small tax base and limited resources due to slow growth are significant impediments to planning for the future.<br>➢ Social Planning Council and Sudbury Mayor and Council's Roundtable on Seniors' Issues are beginning to identify the issues. |
| Research Theme 2:  How can the planning response to the societal challenge of impending demographic change be pro-active and strategic? | |
| Kitchener, Waterloo and Cambridge (Continued) | City of Greater Sudbury (Continued) |
| ➢ Limited strategic response but much awareness.<br>➢ Places to Grow Act (2006) starting to force planners and others to think more strategically about density, accessibility, etc.<br>➢ Current seniors' planning initiative being led by regional government (and involving all three cities) is examining how to deal with impending demographics and increase in seniors' population. Services such as public health, social services, hospitals, police, libraries and others are at the table. | ➢ Limited strategic response and some awareness but energy and resources are directed at attracting growth.<br>➢ No overarching legislation to drive density levels.<br>➢ Sudbury is examining strategic example provided by Elliot Lake which has become a retirement destination and North Bay which has had success in planning large projects attracting seniors to its downtown core.<br>➢ One of the Mayor and Council's Roundtable on Seniors' Issues goals is to "Workplan to retain, attract and improve the quality of life for seniors in Greater Sudbury" (City of Greater Sudbury, 2006) |

| **Research Theme 3: How can planners, developers and others help create age-friendly urban form?** | |
|---|---|
| ➢ Places to Grow Act (2006) is beginning to affect density in the core and forcing mixed use and walkability/transit in Greenfield developments.<br>➢ Developers still seen as leaders in this area with planners having limited influence over location, design and other important aspects of projects which would make them age-friendly.<br>➢ Many options for high and middle income seniors and increasing supply of low income housing. | ➢ Developers were seen as the leaders in creating age-friendly form but planners had little influence over location and design.<br>➢ Strong preference for detached homes rather than for condominiums and a soft rental market have meant few high-density projects built, thus fewer options for seniors.<br>➢ Far fewer options for age-friendly housing for seniors than Southern Ontario study cities. |
| **Research Theme 4: How can combining knowledge and research in planning and gerontology help create age-friendly urban form?** | |
| ➢ Little knowledge of gerontology among planners but desire to learn more. | ➢ Little knowledge of gerontology among planners but desire to learn more<br>➢ Gerontologist hired by city to be resource to seniors' homes operated by city and to city staff such as planners. |
| **Research Theme 5: What role can the newer planning methods play in responding to societal aging?** | |
| ➢ Smart Growth, Healthy Cities, Sustainability and New Urbanism approaches were found to be influencing planners' thinking about how to make cities more age-friendly. | ➢ Awareness among planners that Smart Growth had the potential to create age-friendly urban core but implementation seemed in early conceptual stage. |
| **Research Theme 6: Does planning's response to demographic change and societal aging also present an opportunity to advance the environmental and sustainability agendas?** | |
| ➢ Awareness between Smart Growth and Sustainability found among planners.<br>➢ Densification of the core and re-designing suburban neighbourhoods seen as priorities in implementing this concept. | ➢ Awareness between Smart Growth and Sustainability found among planners.<br>➢ Desire to densify core and attract seniors but lack of demand and lower incomes an issue. |

### iii)     Discussion

As shown in Table A5, in both study sites, awareness of demographic issues was high, as was awareness of newer planning methods such as Smart Growth and Sustainable Development. These terms seemed integrated into the planning language and a genuine desire to adopt their principles was found. In the Southern Ontario study sites, it seemed that access to greater planning resources, two-tiered government and a greater critical mass of seniors allowed for much more flexibility in developing options. Nevertheless, planning for societal aging in both study sites seemed in the very initial stages since so many other issues of greater perceived importance were present.

Planners in the City of Greater Sudbury are very much aware of the strategic example provided by the Town of Elliot Lake with regard to preparing for societal aging since the town is within an hour's drive, and has been quite successful in becoming an amenity retirement destination for seniors. The City of North Bay has also achieved some degree of success in attracting seniors to its downtown core and planners in Sudbury were aware of lessons which might be learned from that City. The City of Greater Sudbury's Mayor and Council's Roundtable on Seniors' Issues has set the goal of attempting to attract more seniors to the City. In fact, with the recent opening of a new hospital and the Northern Ontario Medical School, Sudbury's role as regional retirement destination for people in isolated towns further north has become more pronounced (PLNR-(U)-17-P4).  Given that the City is becoming more of a regional centre for health care provision and that it will continue to attract in-migration from across the North,  Sudbury planners will need to be even more pro-active and strategic in preparing for these changes.

In the Region of Waterloo, despite the advantages bestowed by location, a better climate and greater planning and financial resources, the degree of strategic thinking and pro-activity in respect to preparing for future demographics found during the research was low.  As indicated earlier in the analysis,  a strategic approach to these issues is being thwarted by continued planning in silos so that health, social, and urban planners rarely work together in a meaningful manner to help plan for seniors' services.  In Sudbury and in North Bay, the data showed greater evidence of collaboration than in Southern Ontario, mainly due to closer professional

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and personal connections. Perhaps these closer working relationships will eventually pay off in more closely integrated planning efforts.

The role of the newer planning approaches, particularly Smart Growth and Sustainable Development, were viewed by planners in the Southern Ontario study cities and Sudbury as being very congruent with preparing for societal aging. Points of congruence between the newer approaches and the environmental agenda were expressed in practical terms by planners when they spoke of bringing seniors and other groups back to the downtown and drawing them away from the suburbs. In the Southern Ontario study cities, planners expressed a desire to build future suburban developments differently, making them more like self-contained communities. Ensuring points of interest such as parks and trails were within walking distance of suburban neighbourhoods and including mixed use development where residents could shop and avoid over-reliance on the automobile were seen as desirable.  In the City of Kitchener, for example, design guidelines are being developed to ensure such requirements are followed (PLNR-(U)-10-P4). In Sudbury, a few key informants pointed out the clear preference for detached housing ("People here have not bought into the condominium concept" {PLNR-(U)-16-P4}) and the notion that most boomers about to retire wished to do so either in their own home or on the outskirts of the city where they could enjoy the amenities and activities such as hunting and fishing (PLNR-(U)-17-P4).  "Accessibility, transit, suitable housing was all missing in downtown (Sudbury) but now you are seeing more condo development and starting to see a turnaround in downtown Sudbury" (PLNR-(U)-17-P4).  These were some of the practical challenges to implementing Smart Growth in Greater Sudbury which some key informants pointed out.

Due to the larger market for seniors housing in Southern Ontario, evidence was found of a few developers who are beginning to specialize in seniors' housing, particularly at the higher end of the market. One particular key respondent who built entire neighbourhoods indicated that his work was guided to some degree by the principles of New Urbanism and that his efforts were directed at creating more self-contained communities (DEV-10-P4).  These larger-scale, market-

driven responses to aging demographics were feasible in Southern Ontario but were found to

be rare or non-existent in the North.

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