AGE-FRIENDLY COMMUNITIES EVALUATION GUIDE

USING INDICATORS TO MEASURE PROGRESS

Public Health Agency of Canada

Agence de la santé publique du Canada

Canada

TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP, PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.

—Public Health Agency of Canada

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ACKNOWLEDGEMENTS

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LIST OF ABBREVIATIONS AND ACRONYMS

We have attempted to keep abbreviations to a minimum in this Guide:

AFC—age-friendly community (communities)

The Agency—the Public Health Agency of Canada

CCHS—Canadian Community Health Survey

CDC-HAN—Centers for Disease Control and Prevention–Healthy Aging Research Network

CIHI—Canadian Institute for Health Information

CMHC—Canada Mortgage and Housing Corporation

FABS—Facilitators and Barriers Survey

NEWS—Neighbourhood Environment Walkability Survey

NHS—National Household Survey

SMOG— Simple Measure of Gobbledygook

SWEAT-R—Seniors Walking Environmental Assessment Tool-Revised

WHO—World Health Organization

WELCOME!

The Public Health Agency of Canada has prepared the *Age-Friendly Communities Evaluation Guide* to provide communities with practical information on how to use indicators to measure progress and evaluate their age-friendly initiatives. Age-friendly communities are those communities that are taking steps to help their older residents remain healthy, active and independent, and to continue to make important contributions as they age.

The Guide focuses on one important aspect of developing and maintaining an age-friendly community: the use of indicators in planning, implementing and evaluating age-friendly community initiatives. The Guide not only provides information on how and why the use of indicators can strengthen community age-friendly initiatives, it also offers a menu of specific, measurable indicators that are applicable to the eight domains of community life that are being addressed in age-friendly programming. The Guide also includes four other indicators that reflect longer-term health and social outcomes for seniors as the final fruits of age-friendly programming.

The Guide provides practical and flexible indicators that are supplemented by ready-to-use or adapted tools, as well as links to additional information to support community evaluations. It also outlines the benefits of evaluation and how your community can make the most of evaluation results to strengthen and improve your programs, increase community interest, attract funders and meet their needs. The intention is to provide a variety of solid and sound ways to evaluate and to take some of the mystery out of evaluating age-friendly community initiatives.

Whether your community is considering taking action to become more age-friendly or has some years of experience and is already on the road to becoming age-friendly, this Guide is sure to provide information that is useful, practical and adaptable to the needs and stage of any age-friendly initiative.

LIST OF INDICATORS

The 43 indicators described in Section II of this Guide are listed below, by domain and theme within each domain. Communities may use this stand-alone list as a menu from which to pick and choose indicators that are most relevant to their age-friendly activities.

NB: Some indicators may be useful in more than one domain, while others may be adapted to measure progress in domains other than the one to which they have been linked in this Guide.

Domain 1: Outdoor Spaces and Buildings

Walkability

1. Number of rest places and distance between rest places.
2. Number of accessible washrooms.
3. Crosswalks are safe (e.g., with appropriate crossing times, mid-block crosswalks on long streets, median rest stops, good visibility).
4. Sidewalks, trails and walkways exist and are in safe condition (e.g., have smooth surfaces, curb cuts, separate bike lanes, are wide, well lit, clear of ice and snow).

Actual and Perceived Accessibility

5. Public buildings have adequate access to and manoeuvrability around buildings (e.g., access at ground level, level entry, wheelchair ramps, automatic doors, wide aisles to accommodate scooters and wheelchairs).

Injuries

6. Number of falls and other injuries of seniors (occurring in public places).

Crime Prevention

7. Availability of crime prevention strategies, courses and programs for seniors (including focus on fraud and elder abuse).

Domain 2: Transportation

Transportation Options and Public Transit

8. Availability of a range of affordable options for transportation (e.g., public/private partnerships, volunteer driving program, park and go, shuttles).
9. Proportion (or number) of buses that are accessible, clean, and with destination and number clearly displayed.
10. Bus stops/shelters are safe and accessible (e.g., with seating, well lit, covered, snow removed, close to seniors' residences).
11. Proportion of people age 65+ who have access to and use public transportation.

Age-Friendly Streets and Parking

12. Streets have clear and appropriate street signage and lane markers.

13. Parking lots and spaces are kept clear of snow and ice.

Domain 3: Housing

Housing Availability

14. Availability of affordable housing that is appropriately located, well-built, well-designed, secure, and for which waiting times are short.

15. Availability of affordable multi-purpose and aging in place housing options.

Housing Programs and Resources

16. Availability of programs for increasing accessibility, safety and adaptability of housing (e.g., hand rails, ramps, smoke detectors).

17. Availability of a resource listing age-friendly home maintenance, support and care-giving services.

Ability to Age in Place

18. Proportion of people age 65+ who want to remain in their current residence and are confident they will be able to afford to do so.

Housing Support Awareness

19. Awareness of rent subsidy or other programs (e.g., home loans) among seniors.

Domain 4: Social Participation

Engagement in Social Activities

20. Proportion of people age 65+ who engage in social activities at least once a week (e.g., meet with friends/neighbours; take part in civic, spiritual or cultural activities; volunteer or work).

Opportunities for Participation

21. Availability of recreation and learning programs specifically for seniors (e.g., computer courses, community gardens, crafts, games, exercise classes).

22. Availability of intergenerational recreation and social programs.

23. Availability of opportunities for social participation in leisure, social, cultural and spiritual activities with people of all ages.

24. Affordability of seniors' recreation programs.

Accessibility of Participation Opportunities

25. Public venues for community-based activities are accessible (e.g., adapted washrooms, a ramp to enter the building, better lighting, temperature control).

Domain 5: Respect and Social Inclusion

Availability of Intergenerational Activities

26. Availability of intergenerational family activities.

Sense of Belonging

27. Level of sense of belonging in the community.

Domain 6: Civic Participation and Employment

Unemployment and Employment

28. Level of unemployment and employment among seniors.

Training and Support

29. Availability of support for volunteers (e.g., training, transportation, reimbursement of expenses, method of appreciation).

30. Availability of training opportunities related to the accommodation of seniors' needs in the workplace.

Accessibility

31. Municipal buildings/meetings are accessible.

Domain 7: Communication and Information

Assistance Availability

32. Availability of assistance to seniors for filling out forms.

33. Availability of a live person option on telephone calls.

Useability of Information Materials

34. Materials for the public are produced in large print, plain language and/or with age-friendly considerations.

Domain 8: Community Support and Health Services

Primary Care Physician

35. Proportion of seniors who have a primary care physician.

Supportive Health Services

36. Availability of prevention programs related to health issues of high relevance to seniors.

37. Availability of end-of-life support for seniors, their families and caregivers.

Community Services

38. Availability of low-cost food programs (e.g., meals on wheels, wheels to meals, food bank).

39. Availability of assistance for activities of daily living (e.g., yard work, shopping, snow removal, garbage collection).

Health and Social Outcomes for Seniors

Health-Related Quality of Life

40. Level of health-related quality of life.

Satisfaction with Life

41. Level of satisfaction with life in general.

Loneliness

42. Level of loneliness.

Satisfaction with Social Relationships

43. Level of satisfaction with social relationships.

I   INTRODUCTION

This introduction provides some background information on age-friendly communities initiatives in Canada, as well as some basic information on evaluation, its benefits and how it fits into the bigger picture of developing and maintaining age-friendly communities.

A. This Guide

The *Age-Friendly Communities Evaluation Guide* has been developed by the Public Health Agency of Canada (the Agency) as part of its ongoing commitment to promoting the use of the Age-Friendly Communities (AFC) model throughout Canada. The Agency works with partners—provincial and territorial governments, non-government organizations, researchers, communities and individuals—to gather, share and disseminate information that supports communities in developing and maintaining age-friendly initiatives.

Specifically, the Guide has been developed to help communities measure the progress of their age-friendly activities, whether they have a full initiative or program to support the health and wellness of seniors in general or a smaller project dedicated to improving life for seniors in one area of community life.

This Guide is about how to use indicators in an evaluation of age-friendly community initiatives.

The Guide focuses primarily on the use of indicators to measure and evaluate the results of an AFC initiative. It lists and describes (in Section II) 43 indicators across eight domains of community life, as well as four indicators of longer-term health and social outcomes, with suggestions on how to measure progress for each indicator. Where possible, we have included practical tools to help you. In addition, there is information to support an evaluation of how an AFC initiative was implemented, with a focus on whether the activities were executed as intended.

However, the Guide does not cover all aspects of evaluation. Rather, it advises on which indicators communities can use and how progress against the indicators can be measured.

A practical tool for all communities

Regardless of the size of your community, the complexity of your project, the needs of your older adult population or the resources that you have available, this Guide can serve as a solid and comprehensive starting point to help you work with others in the development of a plan that meets *your* needs.

The indicators described are based on robust work of the World Health Organization (WHO) and tailored to meet the needs of Canadian communities through extensive consultations with stakeholders across Canada. It is written to meet the needs of those without extensive evaluation experience or knowledge; for this reason, jargon has been kept to a minimum.

What you'll find in the Guide

This introduction provides a range of information that will equip you to use the remainder of the Guide: some background on the AFC initiative globally and in Canada, and some general information on program evaluation that we believe will serve you well as you prepare to measure the results of your age-friendly initiatives.

Section II—the heart of the Guide—offers 43 indicators for measuring the results (or outcomes) of age-friendly activities, along with suggested methods of measuring progress. Where possible, we provide free or low-cost measurement methods (such as using existing and free data).

Section III is devoted to information about measuring the process of implementing your activities, answering the question: *Did we implement our age-friendly initiatives as we intended?* The section includes questions that, when answered, can unearth valuable information that you, your community and funders or sponsors may use. It also provides guidance on collecting information about how your community has followed the milestones process, an important consideration if your community is aiming to be recognized by a provincial/territorial AFC program.

Section IV provides a brief summary and an overview of how indicators are inter-related and even "rely" on each other to create a robust AFC initiative.

In Section V the Guide wraps up with a toolbox that offers a variety of "tools" to support your evaluation efforts, including notation of which indicators they support.

Finally, Section VI provides the Indicator Table, which cross-tabulates all of the 43 indicators against the possible sources of data for each of them.

B. Age-Friendly Communities

AFC in Canada

Many Canadian communities have been working towards becoming more age-friendly since 2007, when the WHO published *Global Age-Friendly Cities: A Guide*.[1]

Over 900 Canadian communities have currently made the commitment to become age-friendly and have taken concrete steps by changing policies, services and structures in physical and social environments.[2]

Age-friendly communities

Support older adults by designing policies, services and structures related to the physical and social environment in ways that help seniors live safely, enjoy good health and stay involved.

Those numbers are expected to continue to grow as communities take part in provincial, territorial and federal recognition programs that acknowledge the work of communities on the road to improving their age-friendliness. While there is variation in age-friendly programs across the country, all age-friendly activities have one common goal: to make communities more supportive of the healthy, active and engaged aging of Canadians.

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[1]   World Health Organization. *Global Age-Friendly Cities: A Guide*. Geneva: WHO; 2007.

[2]   Public Health Agency of Canada. (2014). Age-Friendly Communities; www.phac-aspc.gc.ca/seniors-aines/afc-caa-eng.php

Milestones in the development of AFC initiatives

The Agency, in collaboration with a number of provinces and other stakeholders, has identified five Pan-Canadian AFC Milestones (or key steps) for communities on the road to becoming age-friendly (see graphic).

1. Establish an advisory committee

2. Secure a local resolution

3. Establish a plan of action based on a needs assessment

4. Publicly post the plan of action

5. Evaluate: Measure, review and report on action plan outcomes

Based on work of the WHO, the Pan-Canadian AFC Milestones are tailored to meet a broad range of communities in Canada. While they are intentionally flexible to accommodate a range of community types and activities, they are also firm enough to provide a common foundation for any Canadian community to take action towards becoming more age-friendly.

The five milestones are:

1. Establish an *advisory committee* that includes the active engagement of older adults.
2. Secure a *local municipal council* resolution to actively support, promote and work towards becoming age-friendly.
3. Establish a robust and concrete *plan of action* that responds to the needs identified by older adults in the community.
4. Demonstrate commitment to action by publicly *posting the action plan*.
5. Commit to *measuring activities*, reviewing action plan results and reporting on them publicly.

In short, the focus of this Guide is to support Pan-Canadian AFC Milestone 5 on measuring (or evaluating) age-friendly activities and programs.

An ongoing process

The five milestones for increasing age friendliness in a community operate in a continuous loop. Once a committee has been established (Milestone 1) and a local resolution or commitment has been made (Milestone 2), the stage is set for assessing the specific needs of the community and developing a concrete plan of action to meet those needs (Milestone 3), which is then posted publicly to create awareness and reinforce the commitment (Milestone 4).

Once action is well under way, evaluation takes place to measure, review and report on both the process (Did we do what we said we would do, and if not, why not?) and the outcomes set out in the action plan (Milestone 5).

The results of the evaluation then feed back into the loop. Perhaps, for example, the evaluation results indicate that another resolution needs to be made or that the action plan needs to be adjusted to better meet community needs. And so the process continues.

C. A Closer Look at Evaluation

Program evaluation is well described as a systematic approach to gather, analyze and use information in order to answer questions about a program, policy or initiative.[3,4]

As described, Milestone 5 requires a commitment to measuring and reviewing action plan **results** and the **process** followed, and to reporting on these results publicly—often described as follows:

- **Evaluation of results (or outcomes)**—*Did the program meet its intended goals and achieve its intended results*? This type of evaluation is what most people have in mind when they think of "evaluation." This is the focus of Section II of the Guide.

- **Evaluation of the implementation (process evaluation including inputs and outputs)**— *Were the program activities conducted as they were meant to be conducted*? This is the focus of Section III.

In both cases, evaluation calls for observable results—those that can be measured quantitatively or qualitatively.

When is it time to evaluate?

When to start measuring progress depends on what you are measuring. Ideally, you would plan your evaluation at the start of your age-friendly program. Process evaluation can be an ongoing activity throughout the life cycle of your age-friendly program, whereas outcome evaluation is undertaken once you have implemented your planned activities. Depending on what you are measuring, you will need to choose different time spans in order to see results. For example, if you put in place fitness programs to meet identified needs, you will likely not want to measure participation and satisfaction until your program is established, promoted/advertised and has had participants cycle through it. It would take longer to see benefits to the fitness of older adults and even longer to see an impact on health outcomes. Paying careful attention to a reasonable time frame in which to see results will help set up your evaluation for success.

A call to evaluate!

All too often, evaluation receives little attention in the development of community programs, usually because of a lack of resources or capacity to evaluate. However, by *not* measuring your community's hard work and by *not* taking an objective look at whether your program is achieving the results you expected, you are simply not making the most of your program resources.

Your evaluation does not have to be "huge." In fact, there is no one-size-fits-all approach to evaluating AFC. Some communities, including smaller and/or rural communities, may have relatively modest initiatives to meet basic needs and/or modest resources to put towards evaluation. Other communities, often larger centres, may have more complex needs and initiatives, and greater resources to support evaluation.

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[3]   McDavid JC, Huse I, Hawthorn LRL. *Program Evaluation and Performance Measurement: An Introduction to Practice.* Thousand Oaks: Sage; 2013.

[4]   Office of Planning, Research and Evaluation. *The Program Manager's Guide to Evaluation*, 2nd edition. Washington: U.S. Department of Health and Human Services; 2010.

D. Laying a Solid Foundation: Assessing Needs and Developing a Logic Model

Two related pieces of work can make a huge difference to the value and impact of your evaluation efforts: conducting a needs assessment and developing a logic model.

ASSESS NEEDS, TAKE ACTION AND EVALUATE PROGRESS

WHAT WE NEED	ACT	HOW DID WE DO?
You assess community needs and develop an action plan (with measurable goals)	You implement the action plan	You measure progess against your action plan

Needs assessment—a valuable source of baseline information

Assessing the needs of older adults in the community is a great starting point for a full-scale AFC initiative or for a more modest project to better support older community members in the area of greatest need (e.g., housing). The results will help you to develop a plan of action and to evaluate or measure progress.

Many communities base their assessment of needs on the checklists featured in the WHO's *Global Age-friendly Cities: A Guide*. The WHO's AFC checklist supports the collection of information from various sources about the strengths and weaknesses of the environment and the quality of life for seniors in the community. Other communities create their own method of collecting information and input about community needs. Ideally, the indicators used to collect baseline information in the needs assessment will be the same indicators against which progress is measured in the evaluation.

Oops! No needs assessment done

Even if you did not conduct a needs assessment at the outset of your project, it is still valuable to measure results *after* your activities are complete: to inform your community about what has been done (and the impact of your activities) and to use the results to strengthen future age-friendly activities.

Assessment, Action, Evaluation Cycle—A Simple Example

Indicator to Assess (from the WHO's AFC Checklist): *Outdoor seating is available, particularly in parks, transport stops and public spaces.*[5]

1. **What we need (needs assessment):** Older residents say that there is not enough seating, especially along Main Street. They report that they would walk more if there were more seating along key streets. City records show that there are three benches along a 3 km stretch of Main Street.

2. **Act (implement action plan):** Install more park benches along streets frequently used by seniors: city to install benches every 300 m along Main Street.

3. **How did we do? (measure and evaluate):**
   - **Outputs (what was created):** Number of benches along Main Street in 2017 (count them).
   - **Outcomes (what are the results):** Number of seniors observed walking on Main Street (counted for one-day periods in 2015 (baseline), 2016 and 2017.

Whether you use the WHO AFC checklist or some of the tools presented here, or create your own method, the information you collect provides a "baseline" or needs assessment for your community, which answers the question: "Where are we now with respect to being age-friendly?"

A logic model—making important linkages among resources, goals, action and results[6]

As its name suggests, a logic model is a tool or model that clearly shows the logic that underpins your program, including the logical relationships among the various elements of the program and the resources you put into it. It helps the people and organizations involved to develop a common understanding of the goals, planned activities and impacts of the initiative. In essence, a logic model is a visual display of important elements of a program structure—elements that describe and explain the intended cause-and-effect linkages that connect resources, activities and results.[7]

A well-designed logic model will identify the resources you plan to devote to your project/initiative (dollars and/or people), the activities you plan to undertake, what your activities will create/add to the community and the resulting changes in the community, for both individuals and the community as a whole.

A sample logic model follows.

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[5] World Health Organization. *Global Age-Friendly Cities: A Guide.* Geneva: WHO; 2007: p.18.

[6] The information about logic models included in this Guide has been adapted from McDavid et al., *op. cit.; The Program Manager's Guide to Evaluation, op. cit.*; and Canadian Heritage. *Splash and Ripple: Using Outcomes to Design & Manage Community Activities.* 2nd ed., Ottawa: Canadian Heritage; 2004.

[7] McDavid et al., p. 47.

LOGIC MODEL ELEMENTS—A SIMPLE EXAMPLE
Sample age-friendly goal: to enhance the social participation of older adults through community programs

Planning (inputs)	Activities you will undertake and what they will create (outputs)		Resulting changes (outcomes)		
Resources available	Activities	To be created	Short term	Intermediate	Long term
Human resources: number of staff and volunteers, number of hours	Meeting with community members	Meetings: number and frequency of meetings held	Increased awareness of programs among all community members	Increased satisfaction of seniors with available programs	Improved physical and mental health among seniors
Funding: donations, grants from all sources	Developing programming	Social programs: number directed towards seniors	Increased enquiries about seniors' programs	Higher levels of reported social participation among seniors	Increased quality of life
	Developing a communication plan to advertise new programs	Communication: number/type in place to inform seniors about new programs	Increased registration in seniors' programs		

II USING INDICATORS ACROSS COMMUNITY DOMAINS

This section is the "heart" of the Guide. It deals squarely with how to use indicators in a community's evaluation of its age-friendly initiative to determine and measure the results. As part of milestone 5 in the Pan-Canadian milestones process, communities are committed to measuring activities and reporting back on their progress to community members. This section sets out indicators that will help you measure the extent to which your program is achieving its goals (both short- and medium-term goals, as well as major long-term goals). It includes suggested ways or methods for measuring each indicator. Measuring results can seem daunting. This section is designed to support communities in doing this, with less burden and more confidence.

About indicators

An indicator is a specific, observable and measurable (quantitatively or qualitatively) characteristic or change that represents progress towards a goal.[8] Indicators are generally used to help answer the question: "Did the program meet its intended goals?" or "What did our actions result in?" They can reflect immediate goals, as well as those that take years to result in change.

> **More Indicators**
>
> The WHO has also developed a set of indicators to monitor the age-friendliness of cities around the globe. The document entitled *Measuring the Age-friendliness of Cities: A Guide to Using Core Indicators* is available here: http://apps.who.int/iris/bitstream/10665/203830/1/9789241509695_eng.pdf?ua=1

From over 200 indicators to 43—a long road

In 2011, the Agency developed an initial "long list" of over 200 potential indicators, based on a review of the literature, as well as on age-friendly documentation and reports.[9] While the list was comprehensive, it was also far too long and unwieldy to be practical. Through extensive consultation with stakeholders, the Agency streamlined the list to a final "menu" of 43 indicators across eight AFC domains, as well as health and social outcomes for seniors. The final selection reflects stakeholders' needs for indicators that are *important, feasible* (to measure) and *actionable*. It also reflects their frequency in the literature and documents reviewed.

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[8]   Rogers T, Chappelle EF, Wall HK, Barron-Simpson R. *Using Indicators for Program Planning and Evaluation.* Atlanta, GA: Centers for Disease Control and Prevention; 2011.

[9]   We use the term "indicators" in this publication to refer to the mix of outcome indicators and outputs, to ensure that the guide is accessible to a wide range of communities—those with and without expertise in program evaluation.

Actionable: The Indicator is something that can be influenced by the local or regional community, government or private sector and is likely to show change in response to action.

Feasible: Data for the indicator is measurable (e.g. from a survey or administrative data) or describable (e.g. with a photo or story) in a realistic manner without obstacles to collection or use.

Measuring over the short, medium and long term

Age-friendly initiatives are community-based. For this reason, it makes good sense to identify the results you expect to be realized *in your own community* and, most often, the *short- and medium-term* results of your activities.

Part A of this section (*Measuring Progress: Over the Short and Medium Term*) is the "home" of 39 of the 43 indicators described. As you browse through this part and as you plan your evaluation, bear in mind that every community is unique; for this reason, not all indicators will be relevant to each community. Similarly, there may not be an indicator here for everything you'd like to measure. Each of the age-friendly domains covers a wide range of content. The indicators selected represent only a small portion of the content that could be covered within each domain. We invite you to adapt, adopt and otherwise use the indicators as a resource to support the evaluation of your age-friendly initiative.

Part B of this section (*Measuring Progress: Over the Long Term*) discusses measurement of four indicators concerned with the improved health and social functioning of older adults, the results or outcomes of which are usually not realized for some years.

A. Measuring Progress: Over the Short and Medium-term

Making the most of the indicators

The menu of indicators presented here is intended to be used flexibly by communities as they plan for and evaluate their age-friendly programs. The menu includes indicators that measure quantitative as well as qualitative outcomes. We encourage you to select the indicators that will best measure the extent to which your unique program has met its goals.

Put quantitative and qualitative data to work

Indicators are most often developed to measure results that are quantifiable, meaning that they can be measured in numbers and usually numbers that can be compared. For example, a community measures that it has 15 accessible public washrooms in the downtown area, as compared with the seven that it had before starting its age-friendly program.

However, indicators that describe results through qualitative means are also beneficial. In particular, qualitative measures can enrich and explain program processes and results.[10] For example, taking photos of outdoor spaces before and after they have been made more accessible and conducive to activities for older adults can be persuasive evidence of success. Remember, "Not everything that can be counted counts, and not everything that counts can be counted."[11] See the sidebar on Photovoice and follow the link to a guide to using Photovoice in community development.

> **Photovoice**
>
> ….photos can provide convincing evidence of the transformation a community undergoes to become age-friendly, especially in Domain 1: Outdoor Spaces and Public Buildings.
>
> www.pwhce.ca/photovoice/pdf/ Photovoice_Manual.pdf

Each of the 43 indicators is presented under one of the age-friendly *domains*—the domain in which we see it to be *most* useful to support community indicator measurement. You may decide that some indicators are useful in another domain, or you may adapt them to be applicable to more than one domain.

Each domain includes indicators clustered into *themes*. For example, Domain 2: Transportation has two themes: Transportation Options and Public Transit, and Age-Friendly Streets and Parking. Each of the two themes consists of specific *indicators*, each supported by one or more suggested *measurement methods*. For most of the indicators in this Guide, there is no single, comprehensive measure. For this reason, you will find that the measurement methods suggested for each indicator likely reflect some—but not all—aspects of that indicator.

About the suggested measurement methods

Where possible, we have included methods that require less effort and/or resources (e.g., using existing data), as well as methods that require more effort/resources and may provide more extensive results (e.g., conducting a survey or a walkability assessment). We encourage communities to select a measurement approach that most closely aligns with the components and intended results of their age-friendly activities.

> **Five suggested measurement methods**
>
> Throughout this section of the guide, we suggest at least one of the following methods to measure progress on indicators:
>
> - Assessment tools
> - Accessibility tools
> - Existing data
> - Program inventories
> - Surveys

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[10] Better Evaluation: World. Combined Qualitative and Quantitative Data; http://betterevaluation.org/plan/describe/combining_ qualitative_and_quantitative_data

[11] Cameron WB. *Informal Sociology: A Casual Introduction to Sociological Thinking.* New York: Random House; 1963: p. 13.

There are advantages and disadvantages to using existing data—data that have been collected and, in some cases, analyzed by established organizations (most often Statistics Canada and the Canadian Institute for Health Information [CIHI]). On the one hand, they are often free; on the other, they do not always provide information that is specific to your community (see sidebar for more information on the pros and cons of using existing data sources).

Wherever we suggest a measurement method, you will find more information about it, either on the spot (in the text), through links to external websites or from more detailed information in the Toolbox section of this Guide. A number of tools are suggested for more than one indicator.

Existing data—some "pros" and "cons"

Pros

- You don't collect the data, which may save time and money.
- Questions and scales have been carefully tested to ensure that they are valid and reliable.
- Some existing data can be compared across communities.

Cons

- You can't tailor an indicator to the specific needs of your community.
- You need knowledge of statistics and data analysis to produce estimates, which may be required for some data.
- You may need to pay for custom tabulations to access some existing data.

A word about making comparisons across communities

The indicators included in the Guide are intended to be used to measure progress within a community, not between one community and another (or others). Differences in the way that each community will implement the same measurement approach (such as a program inventory) make it impossible to compare results across communities. The exception is when communities use existing data from a source that has taken specific steps to ensure that the data are comparable across jurisdictions. Existing data from Statistics Canada, CIHI and Canada Mortgage and Housing Corporation (CMHC) are all comparable across communities, with caveats clearly stated.

Where Evaluation Fits into an Age-Friendly Project

Indicator Being Assessed (from the WHO's AFC Checklist): A wide variety of activities are available to appeal to a diverse population of older people, each of whom has many potential interests.[12]

Core Steps

1. **What we need (needs assessment):** At a town hall meeting, older residents reported that there were not enough recreational programs that met their interests. A review of city programming showed that there were two recreational programs directed towards seniors.

2. **Act (implement action plan):** Identify programs preferred by older adults and plan a three-year phase-in of new activities, based on registration and interest.

3. **How did we do? (measure and evaluate):**

   - **Outputs (what was created):** Number of programs for seniors and registration in seniors-focused recreation programs 2015–2018 (count them).

   - **Outcomes (what are the results):** Number (or percentage) of seniors who report being satisfied that the community program they participated in met their needs, as measured through participant satisfaction surveys administered at the end of each community program aimed at seniors (measurement method: survey).

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[12] World Health Organization. *Global Age-Friendly Cities: A Guide.* Geneva: WHO; 2007: p. 44.

Domain 1: Outdoor Spaces and Buildings

The physical environment—urban and rural landscapes, streets, sidewalks, parks and buildings—has a major role to play in the mobility, independence and quality of life of older adults. Many AFC projects have components that focus on this domain, for which seven indicators have been identified.

As is the case with all indicators, one or more of the seven indicators relevant to outdoor spaces and public buildings may apply to your community's initiative; there may also be other indicators not mentioned here that are equally or more useful. We encourage you to treat these (and all listed indicators) as a starting point to help you begin your evaluation journey.

Which measurement methods to use?

The seven suggested indicators for outdoor spaces and public buildings can be measured by three of the five suggested measurement methods:

☑ Assessment tools

☑ Accessibility tools

☑ Existing data

☐ Program inventories

☐ Surveys

The methods we suggest for measuring the seven indicators are those highlighted in the sidebar on this page. Again, they provide a starting point and food for thought as you tailor the evaluation to reflect your unique program. While a range of measurement methods may support your work in this area, we offer three types of the five included in this Guide: assessment tools, accessibility tools and existing data.

Walkability

1. Number of rest places and distance between rest places.
2. Number of accessible washrooms.
3. Crosswalks are safe (e.g., with appropriate crossing times, mid-block crosswalks on long streets, median rest stops, good visibility).
4. Sidewalks, trails and walkways exist and are in safe condition (e.g., have smooth surfaces, curb cuts, separate bike lanes, are wide, well lit, clear of ice and snow).

SUGGESTED MEASUREMENT METHOD: WALKING ASSESSMENT

While several tools may support you in your assessment of outdoor spaces, your tool of choice will depend on what you want to assess and what resources are available to you to conduct the assessment. A walking assessment will allow you to cover a limited area (not the community as a whole). You may choose to assess more than one area in your community to get a picture of the age-friendliness of various locations.

We have included two walking assessment tools in the Toolbox section of this Guide.

- **The Seniors Walking Environmental Assessment Tool-Revised** (SWEAT-R) (Tool 2): this tool was developed to assess aspects of the built environment that affect older adults' ability to participate in physical activity.[13] It measures and scores aspects of buildings, sidewalks and buffer zones; personal and traffic safety; and aesthetics and destination. It allows you to tally an overall "score of age-friendliness."
- **Environmental Audit Tool** (Tool 3) of the Centers for Disease Control and Prevention's Healthy Aging Research Network (CDC-HAN): a comprehensive tool that assesses neighbourhood walkability and community safety, with the needs of older adults in mind.

SUGGESTED MEASUREMENT METHOD: MEASURING PERCEIVED WALKABILITY

If your community wants to measure seniors' *perceptions* of the built environment, Tool 4 has been developed to support your efforts: the Neighbourhood Environment Walkability Survey (NEWS). While not developed specifically for seniors, it is widely used and is considered to have excellent measurement properties. The NEWS-North, a version of the survey adapted for the Canadian context (to include winter weather considerations) is currently being pilot tested[14]—watch for it! See Tool 4 for information on where to find the tool and to get the Canadian version when it becomes available.

NOT SURE WHICH WALKABILITY TOOL IS FOR YOU?

We've got a tool for that. We've created a table (Tool 5) that shows you at a glance which of the tools we suggest can be used to measure each of seven indicators (four in Domain 1: Outdoor Spaces and Buildings, and three in other domains).

Actual and Perceived Accessibility

5. Public buildings have adequate access and manoeuvrability around buildings (e.g., access at ground level, level entry, wheelchair ramps, automatic doors, wide aisles to accommodate scooters and wheelchairs).

SUGGESTED MEASUREMENT METHOD: ACCESSIBILITY CHECKLISTS (ACTUAL ACCESSIBILITY)

Accessibility is a complex concept and can be difficult to measure; at the same time, it is a central aspect of an AFC. It also has very specific meanings that are often laid out in bylaws and building codes. While this Guide is not meant to replace more formal assessments, we offer suggested methods for measuring accessibility. Given the vital role of accessibility in the age-friendliness of a community, we encourage all communities to look into additional resources specific to their province/territory and/or municipality to support the assessment of accessibility.

Universal design

"…the design of products and environments to be useable by all people, to the greatest extent possible, without the need for adaptation or specialized design."

Ron Mace
www.ncsu.edu/ncsu/design/cud/about_ud/about_ud.htm

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[13] Michael YL, Keast EM, Chaudhury H, Day K, Mahmood A, Sarte AF. Revising the senior walking environmental assessment tool. *Prev Med* 2009 Mar;48(3):247–9.

[14] Takacs TA, Kristjanasson EA, Pearce S. Participatory development of a community-friendly Canadian walkability assessment. Manuscript in progress, University of Ottawa, Ottawa, Canada.

Several jurisdictions have developed checklists for use in assessing the accessibility of a site, usually with respect to a provincial building code or accessibility standard. These can be used to assess existing sites. You may also want to search out materials specifically from your province, territory or community to help you assess accessibility according to applicable codes.

Tool 6 provides several examples of checklists, including those for a province (Ontario), a community (Parksville, British Columbia), as well as for a larger city (Calgary, Alberta), which employ the concept of "universal design" as a way to approach accessibility (see sidebar, page 20).

SUGGESTED MEASUREMENT METHOD: PRIMARY DATA COLLECTION (PERCEIVED ACCESSIBILITY)

A number of measures of perceived accessibility are available. We suggest the Facilitators and Barriers Survey (FABS) (Tool 7), a self-report survey of perceived accessibility of the aspects of the environment that promote or restrict participation by people with mobility impairments. This tool might be of particular interest to communities with age-friendly initiatives that focus on accessibility and with the resources to conduct some data collection through a survey.

Injuries

6. Number of falls and other injuries of seniors (occurring in public places).

SUGGESTED MEASUREMENT METHOD: EXISTING DATA ON INJURIES

Data on falls and injuries can be obtained from several data sources, including Statistics Canada and CIHI. Both organizations collect data about injuries related to falls through one or more of self-reported data, death data or hospital administrative data. Note that, in many cases, it is not possible to identify whether the fall took place in a public place or in a private residence. (See also the sidebar on page 17: Existing data: some "pros" and "cons.")

Statistics Canada's CANSIM table 105-0502 provides general self-reported data on injuries (see Tool 8). Additionally, more specific data on falls (and other injuries) are available from the Canadian Community Health Survey (CCHS), also conducted and reported on by Statistics Canada. CCHS data include self-reports of falls, and location and type of fall-related injuries. This information is collected on a periodic basis, so estimates are not available for every year. The data are available to "share partners," including provinces and territories. University researchers can access the data through the Research Data Centres Program.[15] You can also get custom tabulations from Statistics Canada for a fee (see Tool 9). Data on deaths due to falls are also collected by and available through the Canadian Vital Statistics Death Database. CANSIM table 102-0552 reports mortality due to falls. You can access this resource by using the "Add/Remove data" tab and selecting the category for Falls [W00-W19] (See Tool 8).

> **Closer to home**
>
> Contact your local public health unit to see if it holds and makes available injury statistics for your community or health region.

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[15] Statistics Canada. Research Data Centres Program; www.statcan.gc.ca/rdc-cdr/index-eng.htm (accessed June 6, 2014).

CIHI makes some general injury-related information available free of charge through its reports on falls and fall-related injuries. To see the type of information available, you can look at the report *Falls Among Seniors: Atlantic Canada.*[16] The Hospital Morbidity Database, which provides hospital administrative data about falls, does capture place of injury for hospitalizations due to falls. Local data (i.e., city or health region level) can be obtained through a custom tabulation from CIHI (for a fee). You can find out more about CIHI products here: https://secure.cihi.ca/estore/productbrowse.htm

Crime Prevention

7. Availability of crime prevention strategies, courses and programs for seniors (including focus on fraud and elder abuse).

SUGGESTED MEASUREMENT METHOD: PROGRAM INVENTORY

Conducting a program inventory is a useful way to take stock of the programs that are available in your community. This can be a way to first identify gaps during a needs assessment, and then to follow up and identify whether you have met your age-friendly goals related to increasing the availability of crime prevention strategies.

While there are many ways of conducting an inventory, we have provided a simple three-step process, along with a sample inventory report that was adapted from a crime prevention program inventory conducted by the City of Ottawa for its Older Adult Plan (see Tool 10).

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[16] Canadian Institute for Health Information. 2010. Falls Among Seniors—Atlantic Canada; https://secure.cihi.ca/free_products/falls_among_seniors_atlantic_canada_aib_en.pdf (accessed September 26, 2014).

Domain 2: Transportation

Transportation plays an important role in facilitating a number of aspects of healthy and active aging by getting seniors to and from activities and services. Social and civic participation and access to community and health services are also mediated through transportation.

Six of the 43 indicators are particularly relevant to transportation. For each, we suggest one or more appropriate methods for measuring progress, referring readers to the Toolbox and/or to external links for more "how-to" information.

There are a number of measurement methods that may support your work in this domain, but we suggest three types of the five included in this Guide: assessment tools, existing data and program inventories.

> **Which measurement methods to use?**
>
> The six suggested indicators for transportation can be measured by three of the five suggested measurement methods:
>
> ☑ Assessment tools
> ☐ Accessibility tools
> ☑ Existing data
> ☑ Program inventories
> ☐ Surveys

Transportation Options and Public Transit

8. Availability of a range of affordable options for transportation (e.g., public/private partnerships, volunteer driving program, park and go, shuttles).

9. Proportion (or number) of buses that are accessible, clean, and with destination and number clearly displayed.

10. Bus stops/shelters are safe and accessible (e.g., with seating, well lit, covered, snow removed, close to seniors' residences).

11. Proportion of people age 65+ who have access to and use public transportation.

SUGGESTED MEASUREMENT METHOD: PROGRAM INVENTORY AND/OR EXISTING MUNICIPAL DATA

A program/resource inventory (such as that described for Indicator 7, page 22, and in Tool 10) is a useful means of identifying the range of transportation options available to seniors in your community.

Municipal data—already collected and available—may also be an excellent source of information on what transportation (and other) services are provided by local government. Check the website of your local transportation authority or municipality; many post information about their services, including information about accessible options.

SUGGESTED MEASUREMENT METHOD: WALKING ASSESSMENT

The CDC-HAN Environmental Audit Tool, which we introduced as a mechanism for assessing walkability (indicators 1–4, page 19), has an item on transit stops, including lighting and accessibility (see Tool 3).

SUGGESTED MEASUREMENT METHOD: EXISTING DATA (RIDERSHIP)

Data measuring commuting patterns and transportation modes are available from Statistics Canada's 2011 National Household Survey (NHS). However, these data only cover trips taken to work and so exclude an important proportion of trips made by seniors. The information from the NHS, including data tables # 99-012-031, #99-012-050 and # 99-012-064, can be found at: http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/dt-td/Dir-eng.cfm

> **Closer to home**
>
> Consider checking with your local transit authority for information it may have gathered about the number of trips taken, including whether the data are broken down into age groups (e.g., 65+).

You can customize this table to be specific to your community (geography) and age groups (65-74 and 75+).

Age-Friendly Streets and Parking

12. Streets have clear and appropriate street signage and lane markers.
13. Parking lots and spaces are kept clear of snow and ice.

SUGGESTED MEASUREMENT METHOD: WALKING ASSESSMENT

The SWEAT-R, introduced under indicators 1–4 (page 19), includes items regarding signage (see Tool 2).

To date, most walking assessments do not take into account seasonal issues, such as snow and ice clearing, which can have a large impact on seniors' mobility. This is an area for future development, especially for countries like Canada that experience a wide range of weather conditions. A new version of the NEWS is currently being developed, which will reflect winter weather considerations (see Tool 4 for more information about the NEWS-North).

Domain 3: Housing

Appropriate and safe housing is a key aspect of a community's built environment. It can have an enormous impact on such aspects of daily life as mobility and safety (from crime and injury). Housing is also inextricably linked to other domains. For example, if housing is adequate and affordable, and allows for seniors to age in place, there may be lower needs for some community support services. Aging in place is increasingly recognized as an important aspect of maintaining quality of life as seniors age.

This domain consists of six indicators that address and measure various dimensions of housing, including its availability, housing-related programs and services, ability to age in place, and seniors and their families' awareness of housing-related programs available in the community.

While a range of measurement methods may support your work in this area, we suggest three types of the five included in this Guide: existing data, program inventories and surveys.

Which measurement methods to use?

The six suggested indicators for housing can be measured by three of the five measurement methods:

☐ Assessment tools

☐ Accessibility tools

☑ **Existing data**

☑ **Program inventories**

☑ **Surveys**

Housing Availability

14. Availability of affordable housing that is appropriately located, well built, well designed, secure, and for which waiting times are short.

15. Availability of affordable multi-purpose and aging in place housing options.

SUGGESTED MEASUREMENT METHOD: EXISTING DATA

CMHC provides data on some housing characteristics for a wide range of geographic categories, including census metropolitan areas and census agglomerations across Canada. If the specific data for your community are not available in the prepared tables, CMHC can produce custom tables for a fee.[17] Available data are those on housing adequacy (see sidebar) in Housing in Canada Online tables, at: http://cmhc.beyond2020.com/HiCOMain_EN.html. For more information about how CMHC defines housing adequacy, see Tool 11.

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[17]   Canadian Mortgage and Housing Corporation. Housing in Canada Online; http://cmhc.beyond2020.com

CMHC also produces the Seniors' Housing Reports, which include some information on vacancy rates and average rents of seniors' rental housing units. Data for some larger cities are available in the report on Canada, and data for regions within provinces are available in the regional reports. To view these reports, visit the CMHC Seniors' Housing webpage.[18]

The Federation of Canadian Municipalities' Municipal Data Tool from the Quality of Life Reporting System provides 10 indicators on housing, including housing affordability, vacancy rates, monthly rent, cost of housing and overcrowding. While these data are not broken down by age group, they can give an overall impression of housing availability and affordability. You can find more information at the Municipal Data Tool website: www.fcm.ca/home/programs/quality-of-life-reporting-system.htm

What is "adequate" housing?

CMHC uses a composite measure of acceptable housing that integrates three indictors into a single measure of housing conditions. Adequate dwellings are as follows:

- those reported by their residents as not requiring any major repairs;
- those with enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard requirements;
- those costing less than 30% of before-tax household income.

Source: http://cmhc.beyond2020.com/HiCOFAQs_EN.html#_What_is_Housing_in_Canada_Online

Housing Programs and Resources

16. Availability of programs for increasing accessibility, safety and adaptability of housing (e.g., hand rails, ramps, smoke detectors).

17. Availability of a resource listing age-friendly home maintenance, support and care-giving services.

SUGGESTED MEASUREMENT METHOD: PROGRAM AND/OR RESOURCE INVENTORY
Consider conducting an inventory of the programs and resources available in your community. Setting the scope of your inventory will help you to keep it manageable and focused on your community's age-friendly goals. For more information about conducting a program/resource inventory, including a sample recording form to document your findings, see Tool 10.

Ability to Age in Place

18. Proportion of people age 65+ who want to remain in their current residence and are confident they will be able to afford to do so.

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[18] Canadian Mortgage and Housing Corporation. Seniors Housing Report; https://www03.cmhc-schl.gc.ca/catalog/productList.cfm?cat=160&lang=en&fr=1418137152158

SUGGESTED MEASUREMENT METHOD: SURVEY

If your community is planning on conducting a survey on a number of age-friendly issues (or another community issue), consider including a question or two on this topic (and read on for where to get ideas for questions). Also, see Tool 12 for information about how to develop a simple community survey to capture information (for this or any other indicator included in this Guide) that is not already available.

The General Social Survey, 2007 (on Family, Social Support and Retirement) collected more general information, which can be useful in measuring progress. It included questions about relocation during the previous five years and intention to move in the coming two years. Among the reasons cited for moving were people's inability to afford the home they were in at retirement. These questions may be repeated in future Statistics Canada surveys. Visit the questionnaire to get ideas for your own questions if you are considering conducting a survey. See: http://www23. statcan.gc.ca/imdb-bmdi/instrument/4502_Q2_V2-eng.pdf (pages 365 to 369).

Housing Support Awareness

19. Awareness of rent subsidy or other programs (e.g., home loans) among seniors.

SUGGESTED MEASUREMENT METHOD: SURVEY

This indicator could be measured through a question or two added onto a survey, if your community is planning to conduct one. You might ask, for example, about awareness of a rent subsidy program (or similar programs) in your community that seniors can access by asking: *Are you aware of any subsidies or programs to help you with the cost of your housing? If yes, which one(s)?*

If there is a specific program for which you would like to gauge awareness, you might ask: *Are you aware of the Seniors' Rental Housing Support Program?* (using the actual name of the program in your community).

If you are planning to develop your own survey, check out Tool 12 for some tips and starting points.

Domain 4: Social Participation

Social participation, social support and social connectedness not only contribute to the quality of life of seniors but are also strongly associated with better mental and physical health outcomes. Providing opportunities for social participation—and, as important, creating the necessary structures to allow seniors to access these opportunities—is an important component of age-friendly communities.

The significance of this domain is reflected in the number of indicators included here: six indicators that can address and measure seniors' engagement in social activities, opportunities available to them in the community and accessibility of those opportunities.

We offer four suggested methods for measuring the progress of your age-friendly initiative in this domain: assessment tools, existing data, program inventories and surveys. Be sure to watch for links to the Toolbox section of this Guide for tools, sources and ideas that will lighten your evaluation load.

Which measurement methods to use?

The six suggested indicators for social participation can be measured by four of the five measurement methods:

☑ Assessment tools
☐ Accessibility tools
☑ Existing data
☑ Program inventories
☑ Surveys

Engagement in Social Activities

20. Proportion of people age 65+ who engage in social activities at least once a week (e.g., meet with friends/neighbours; take part in civic, spiritual or cultural activities; volunteer or work).

SUGGESTED MEASUREMENT METHOD: EXISTING DATA AND/OR SURVEYS (PARTICIPATION)
Statistics Canada's CCHS makes data available on an annual basis. With each annual cycle, some provinces may have chosen to ask about frequency of participation in volunteer activities. For more information about how to access selected statistics through CANSIM, see Tool 8.

If you are doing your own survey and social participation is an important aspect of your age-friendly activities, you may want to consider including these questions:

Are you a member of any voluntary organizations or associations, such as school groups, church social groups, community centres, ethnic associations or social, civic or fraternal clubs?

How often did you participate in meetings or activities of these groups in the past 12 months? If you belong to many, just think of the ones in which you are most active.

1. *At least once a week*

2. *At least once a month*

3. *At least 3 or 4 times a year*

4. *At least once a year*

5. *Not at all*

The CCHS focus survey on Healthy Aging in 2008/2009 also included a longer module on social participation. Results by province for various types of social participation can be found in CANSIM table 105-1200 at http://www5.statcan.gc.ca/cansim/a26?lang=eng&id=1051200

The General Social Survey has a cycle on Giving, Volunteering, and Participating, which is repeated every five years. This survey was last in the field in 2013, and data is available. More information can be obtained from Statistics Canada at: http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4430&lang=en&db=imdb&adm=8&dis=2

Data on labour force status, such as part- and full-time work, are available from Statistics Canada's Labour Force Survey. For more information see Domain 6: Civic Participation and Employment (page 32), where work status and volunteering are covered in greater detail.

Opportunities for Participation

21. Availability of recreation and learning programs specifically for seniors (e.g., computer courses, community gardens, crafts, games, exercise classes).

22. Availability of intergenerational recreation and social programs.[19]

23. Availability of opportunities for social participation in leisure, social, cultural and spiritual activities with people of all ages.

24. Affordability of seniors' recreation programs.

SUGGESTED MEASUREMENT METHOD: PROGRAM INVENTORY

Conducting a program inventory will enable you to identify the recreational and learning programs that are directed towards seniors in your community. A similar approach can be adopted to identify opportunities for seniors to interact with people of all ages. Simple steps and a sample recording template are included as Tool 10, and more information about conducting a program inventory is included under Indicator 7: Crime Prevention (page 22).

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[19] The availability of intergenerational recreation and social programs was identified and rated as important, feasible and actionable in both the domains of Social Participation, and Respect and Social Inclusion. Indicator 22 is closely related to Indicator 26 in Domain 5.

In your program inventory, you may want to capture information about the intergenerational nature of the programs or affordability. Intergenerational recreation and social programs are those that bring together community members from different generations—at least two of children, youth, adults and seniors.

Affordability does not have a single, standard definition. What is affordable for one senior may not be affordable for others. Because of this, it may make sense to assess whether there is a range of options to meet different affordability needs in your community. In developing your program inventory, consider including information about whether a range of options exist— programs that are free, those with low cost and those that offer assistance with user fees.

Accessibility of Participation Opportunities

25. Public venues for community-based activities are accessible (e.g., adapted washrooms, a ramp to enter the building, better lighting, temperature control).

SUGGESTED MEASUREMENT METHOD: ACCESSIBILITY ASSESSMENT

As discussed earlier, accessibility is central to the age-friendliness of a community. An accessibility assessment or checklist provides a useful way to measure this indicator. More information about conducting an accessibility assessment is included under Indicator 5: Actual and Perceived Accessibility, page 20, and tools to get you started are included in the Toolbox: Tool 6 (for actual accessibility), Tool 7 (for perceived accessibility).

Domain 5: Respect and Social Inclusion

Social inclusion is closely related to opportunities for social participation, covered in the previous section. Respect is a behaviour based on attitudes towards older adults.

Respect is a critical concept that underlies and is reflected in virtually all of the indicators suggested in this Guide. While no specific indicator was identified through the consultation process to monitor the concept of respect, we offer a tool to support respectful communication with seniors (Tool 13).

The two indicators in this domain focus on inclusion—specifically, they address and measure the availability of activities that are intergenerational in nature, and the sense of belonging that a community's seniors have or don't have. We offer two suggestions for measuring the social inclusion: program inventories and existing data, and a tool for each to support your measurement work.

> **Which measurement methods to use?**
>
> The two suggested indicators for respect and social inclusion can be measured by two of the five measurement methods:
>
> ☐ Assessment tools
> ☐ Accessibility tools
> ☑ Existing data
> ☑ Program inventories
> ☐ Surveys

Availability of Intergenerational Activities

26. Availability of intergenerational family activities.

SUGGESTED MEASUREMENT METHOD: PROGRAM INVENTORY

As identified in the Social Participation domain, intergenerational recreation and social programs are those that bring together community members from different generations: at least two of children, youth, adults and seniors. Conducting an inventory of intergenerational family activities or programs is a good option for measuring this indicator. For more information, see Indicator 7: Crime Prevention (page 22) and Tool 10 for a simple approach to conducting a program inventory, as well as a sample recording sheet to capture your results.

> **The Canadian Community Health Survey asks…**
>
> *How would you describe your sense of belonging to your local community? Would you say it is?*
>
> 1. Very weak
> 2. Somewhat weak
> 3. Somewhat strong
> 4. Very strong
>
> (Higher scores mean a higher level of sense of belonging.)

Sense of Belonging

27. Level of sense of belonging in the community.

MEASUREMENT METHOD: EXISTING DATA

Sense of belonging in the community is measured on a number of Statistics Canada surveys, including the CCHS, through a single item (see sidebar).

Survey results for levels of sense of belonging to a community are available by health region and age group in CANSIM table 105-0502 (http://www5.statcan.gc.ca/cansim/a05?id=1050502). See also Tool 8 for information on how to customize CANSIM tables.

Domain 6: Civic Participation and Employment

This domain considers the opportunities for older adults to remain engaged in the civic life of their communities through participation in activities such as volunteering and the political process, as well as paid employment when it is desired.

As with other social domains, the physical domains of Outdoor Spaces and Public Buildings, and Transportation are instrumental in ensuring that older adults can fully participate in society.

This domain consists of four indicators to address and measure the progress of your community's age-friendly initiative: levels of unemployment, support for and availability of training, and accessibility of buildings.

We offer three methods to measure your community's progress in this domain: assessment tools, existing data and program inventories. Check the web links and links to tools, sources of data and tips that can support your work.

Which measurement methods to use?

The four suggested indicators for civic participation and employment can be measured by three of the five measurement methods:

☑ **Assessment tools**

☐ Accessibility tools

☑ **Existing data**

☑ **Program inventories**

☐ Surveys

Unemployment and Employment

28. Level of unemployment and employment among seniors.

SUGGESTED MEASUREMENT METHOD: EXISTING DATA

Statistics Canada's Labour Force Survey collects monthly data on household residents aged 15 years and older. Unemployment and employment numbers tell us two different things about seniors in the labour market:

- The level of unemployment among seniors, based on the Labour Force Survey, is the proportion of seniors who "were without work, had actively looked for work in the past four weeks, and were available for work."
- The level of employment among seniors is the proportion of seniors in the entire senior population who are employed.

These data, available to the level of province, are available in CANSIM table 282-0002 at: http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=2820002

Training and Support

29. Availability of support for volunteers (e.g., training, transportation, reimbursement of expenses, method of appreciation).

30. Availability of training opportunities related to the accommodation of seniors' needs in the workplace.

SUGGESTED MEASUREMENT METHOD: PROGRAM INVENTORY

A program inventory, such as that described to support Indicator 7: Crime Prevention (page 22), is a useful way to identify opportunities for training support to seniors in your community, including their roles as volunteers and employees. Tool 10 sets out a three-step method of conducting a program inventory and includes a sample recording sheet to track your findings. You may want to consider support and training directed at seniors, as well as training for employers and volunteer coordinators designed to help them learn how to ensure that their workplace/volunteer location accommodates seniors.

Note that indicators concerning volunteering are also included in Domain 4: Social Participation—indicators 20–25 (pages 28–30).

Accessibility

31. Municipal buildings/meetings are accessible.

SUGGESTED MEASUREMENT METHOD: ACCESSIBILITY ASSESSMENT

Accessibility, a recurring and important theme in community age-friendliness, can be measured through an accessibility assessment using readily available tools. For a fuller discussion of the accessibility of public buildings, please see Domain 1: Outdoor Spaces and Public Buildings (page 19). We have also included a number of tools that you can adapt to reflect your community's age-friendly initiative, including checklists on both actual and perceived accessibility (see Tool 6 and Tool 7).

Domain 7: Communication and Information

Effective communication allows seniors to stay up to date about the information they need to manage their lives, including how to act on important information about public health and social services in the community. With awareness and a little effort, communication messages, products and approaches can be developed to ensure that seniors, and all community members, have access to materials and messages intended to support them.

Communication and information is another domain that interacts extensively with other domains, such as Outdoor Spaces and Public Buildings: think signage and hours of services (where are they posted and are they kept current?)

Which measurement methods to use?

The three suggested indicators for communication and information can be measured by two of the five measurement methods:

- ☑ Assessment tools
- ☐ Accessibility tools
- ☐ Existing data
- ☑ Program inventories
- ☐ Surveys

The three age-friendly indicators in Domain 7 encompass the extent to which "live person" assistance is available to seniors, as well as how useable seniors find the information materials to be, given their needs.

We suggest two types of measurement method: assessment tools and program inventories. Samples and tools are included in the Toolbox to support your work in developing communication materials and information that meet seniors' needs.

Assistance Availability

32. Availability of assistance to seniors for filling out forms.
33. Availability of a "live person" option on telephone calls.

SUGGESTED MEASUREMENT METHOD: PROGRAM INVENTORY

As with all inventories, you need to begin by stating the scope of your inventory. For example, for an assessment of assistance and live person availability you will first need to choose the "universe" of communication sources you will use. Consider these questions in determining the scope of your inventory:

- Are we assessing municipal services/products only?
- Will we include other sources of information, such as those provided by specific non-profit or charitable organizations that work with seniors?

The scope of your program inventory will determine how labour-intensive your assessment will be. Once you have determined the scope, it is helpful to use a checklist to decide whether the service/agency/organization offers assistance to seniors and whether a "real time" help (i.e., a live person) is available by telephone. Tool 14 provides a sample checklist that you can adapt to meet your specific needs and the scope of your program inventory.

Useability of Information Materials

34. Materials for the public are produced in large print, plain language and/or with age-friendly considerations.

SUGGESTED MEASUREMENT METHOD: USEABILITY ASSESSMENT

A useability assessment is a useful tool for measuring the age-friendliness of the communication channels and information sources in communities.

As with a program inventory (described under Indicator 33), it is useful to begin an assessment by determining its scope—in other words, the "universe" of materials you will assess. Answering these questions will help:

> **Keep in mind**
>
> The more materials you include in your assessment, the greater the effort required on your part. "Keeping it manageable" often means "getting it done."

- Are we assessing materials developed by the municipality?
- Will we include those from seniors-focused charitable and non-profit organizations?

Using a *sample* of materials (taking care to choose from across the range of materials available) from the organizations that fall within your scope, you can assess the proportion of materials that are available in such age-friendly formats as large print and alternative formats. You can also assess the readability of the materials using existing readability tools.

SPECIFIC ASPECTS OF USEABILITY

You can also assess materials for specific aspects of useability (which address more than readability), such as their availability in alternative formats (e.g., voice, large print and web formats). The CDC provides a formal checklist for print materials in *Simply Put—A Guide for Creating Easy-To-Understand Materials*, which we've included as Tool 15. The full guide is available at: www.cdc.gov/healthliteracy/pdf/simply_put.pdf

> **Useability of on-line materials**
>
> As more and more publications are available on line, assessing the age-friendliness of on-line information is increasingly important. You will want to consider the availability of alternative formats, as well as the readability and useability of on-line materials.

We've also included a sample table to show how you might record the useability of information materials as you assess them (Tool 16).

Age-Friendly Communication is a Public Health Agency of Canada publication that was prepared to support organizations (including communities) in making communication accessible and useable by seniors. It's available on the Agency website at: www.phac-aspc.gc.ca/seniors-aines/alt-formats/pdf/publications/public/various-varies/afcomm-commavecaines/AFComm-Commavecaines-eng.pdf

See also Tool 13 for some tips on checking your (or your organization's) attitude in communication with seniors.

READABILITY

There are several methods to calculate readability. For long texts (e.g., a report), SMOG[20] (Simple Measure of Gobbledygook) is a simple method to calculate readability. Using a sample of the text (a certain number of sentences) you measure the number of words with three or more syllables to determine the reading level of the text (see Tool 17).[21] A reading level of Grade 6–8 is considered best to meet the needs of a broad range of seniors.[22] For shorter texts (e.g., most websites, brochures, surveys, public service announcements), Tool 15 and Tool 16 (mentioned above, under *Specific aspects of useability*) provide useful approaches to assessing readability.

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[20] While the SMOG tool has been developed for the English language, it can also be used in French. However, results for texts in French may be slightly higher than for texts in English because words are usually longer in French.

[21] McLaughlin G. SMOG grading: a new readability formula. *Journal of Reading* 1969;12(8):639–46.

[22] Canadian Public Health Association. National Literacy and Health Program. Easy Does It! Plain Language and Clear Verbal Communication: Training Manual, Unit 3. Ottawa: CPHA; 1998.

Domain 8: Community Support and Health Services

Community support and health services are instrumental in supporting older adults to age in place in the best health possible. The benefits of good community supports go far beyond meeting the needs of seniors—families can meet their employment and other commitments, and healthy, well-supported seniors make a vital contribution through paid employment and/or volunteer activity. Seniors also support the local economy when they are vital members of the community.

The five indicators in this domain encompass availability of a family physician, availability of and access to supportive health services in the community, and availability of low-cost food programs and assistance for a range of social service supports.

> **Which measurement methods to use?**
>
> The five suggested indicators for community support and health services can be measured by two of the five measurement methods:
>
> ☐ Assessment tools
> ☐ Accessibility tools
> ☑ Existing data
> ☑ Program inventories
> ☐ Surveys

We suggest two methods of measurement across the five indicators: existing data and program inventories. We also offer tools and links to support your work in addressing and measuring progress against these indicators.

Primary Care Physician

35. Proportion of seniors who have a primary care physician.

SUGGESTED MEASUREMENT METHOD: EXISTING DATA

Statistics Canada's CCHS collects data on whether respondents have a regular medical doctor. These data are available by health region in CANSIM table 105-0502: http://www5.statcan.gc.ca/cansim/a05?id=1050502 (see Tool 8 for an overview of how to customize CANSIM tables to your needs).

CIHI provides more information about the number of family physicians and specialists in each health region, which can give a general sense of physician supply. CIHI's annual report, entitled *Supply, Distribution and Migration of Physicians*, is available for free on line at: https://secure.cihi.ca/estore/productSeries.htm?pc=PCC34

Supportive Health Services

36. Availability of prevention programs related to health issues of high relevance to seniors.

37. Availability of end-of-life support for seniors, their families and caregivers.

SUGGESTED MEASUREMENT METHOD: PROGRAM INVENTORY

A program inventory can be used to identify prevention programs that are of high relevance to seniors. Before you begin, you will need to determine which types of program are most aligned with your age-friendly goals (e.g., prevention programs such as colorectal screening, end-of-life and palliative care services). For more information about how to conduct a program inventory, see Indicator 7 (page 22), as well as Tool 10, which sets out three simple steps and provides a sample recording template to document your findings. The template and process can be adapted to various programs, including supportive health services. If you are looking specifically at the availability of end-of-life support for individuals, their families and caregivers, you may be able to get started by identifying resources in your community through the online resource directory hosted by the Canadian Hospice Palliative Care Association, at: www.chpca.net/family-caregivers/directory-of-services.aspx

Community Services

38. Availability of low-cost food programs (e.g., meals on wheels, wheels to meals, food bank).

39. Availability of assistance for activities of daily living (e.g., yard work, shopping, snow removal, garbage collection).

SUGGESTED MEASUREMENT METHOD: PROGRAM INVENTORY AND/OR EXISTING DATA

Conducting an inventory can help you to identify both food programs and programs that provide assistance for activities of daily living available in the community. See Tool 10 for an overview of how to conduct a simple program inventory and track your findings.

While not directly a measure of low-cost food programs, food insecurity may be a relevant and useful indicator. Statistics Canada periodically collects data about food insecurity in the CCHS. Data were last collected in 2011–2012 and are available in CANSIM table 105-0547 by age group and health region: http://www5.statcan.gc.ca/cansim/pick-choisir?lang=eng&p2=33&id=1050547

The CCHS collects data on home care services as optional content. You can check to see whether data for your province or regional health authority have been collected recently; call toll-free 1-800-263-1136 or email (infostats@statcan.gc.ca). The CCHS 2009 Healthy Aging also collected data on home care use by seniors. More information on these data can be found at: www.statcan.gc.ca/pub/82-003-x/2012004/article/11760-eng.htm

Additionally, the General Social Survey 2012 on Caregiving and Care Receiving provides detailed information on care received, including home care services. Information on this survey can be found at: http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4502

B. Measuring Progress: Over the Long-term

Health and Social Outcomes for Seniors

Ultimately, the goal of age-friendly initiatives is to improve the health and well-being of older adults, and to allow them to enjoy a high quality of life as they age. This is important to society as well, as older adults have many valuable skills, knowledge and experience that can contribute to the overall success of their communities.

While most of your measurement in the short and medium term will focus on Indicators 1 to 39 in Domains 1–8 (as outlined in the previous section), your community may also be interested in monitoring the four longer-term health and well-being indicators (health and social outcomes for seniors), which represent the ultimate outcomes arising, at least in part, from your age-friendly activities. Many other factors contribute to these outcomes, and it would be difficult, even impossible, to assign specific attribution to any one set of factors.

The following four indicators, for which data are currently available in Canada, are aligned with work done by the WHO on age-friendly cities and indicators. You may want to also look at other health and social outcomes for seniors that are specific to and identified by your community. Consider these as a starting point, and tailor other indicators to meet the priorities and needs of your community!

Health-Related Quality of Life

40. Level of health-related quality of life.

Level of health-related quality of life can be measured in a number of ways. The first and simplest is self-rated health. "Health" means not only the absence of disease or injury but, rather, also includes physical, mental and social well-being. "Perceived health," which is investigated through a single question in the CCHS, has been shown to have strong associations with a range of health outcomes as well as mortality. Access CANSIM table 105-0502 at: http://www5.statcan.gc.ca/cansim/a05?id=1050502

A more complex measure of health-related quality of life is the Health Utilities Index. This provides a single, overall level of health based on an individual's level of functioning across a range of domains, such as pain, hearing, mobility and cognition. Categories for this index have been developed to facilitate interpretation. It is included in CANSIM table 105-0502 as "Functional Health, good to full." More information about how this measure is calculated can be found at: www.statcan.gc.ca/pub/82-003-x/2009002/article/10863-eng.pdf

Satisfaction with Life

41. Level of satisfaction with life in general.

Level of satisfaction with life in general is also measured on the CCHS. People who say that they are satisfied or very satisfied are considered to have good life satisfaction. Again, this indicator is available at: http://www5.statcan.gc.ca/cansim/a05?id=1050502

If you explore CANSIM table 105-0502 more thoroughly, you may find other indicators of health and social outcomes for seniors of particular interest to your community. Some examples are self-reported mental health, specific conditions such as arthritis and diabetes, and activity limitations.

Loneliness

42. Level of loneliness.

Loneliness and social isolation are serious problems for older adults and have been associated with poorer health and earlier mortality.

Loneliness was measured in the CCHS Healthy Aging 2009 focus survey as the proportion of older people who reported feeling lonely in the previous 12 months. Results are available at: www.statcan.gc.ca/pub/82-003-x/2012004/article/11720/tbl/tbl1-eng.htm

If you are interested in finding out the level of loneliness among seniors in your own community, you may be able to request from CCHS a custom tabulation for your community (for a fee).

If you want to include a question on your own survey, the Statistics Canada questions are:

How often do you feel:

- *that you lack companionship?*
- *left out?*
- *isolated from others?*

Response categories for each question are:

1. *hardly ever*
2. *some of the time*
3. *often*

The responses to the three questions are summed to form a single score. Higher scores mean higher levels of loneliness.

Satisfaction with Social Relationships

43. Level of satisfaction with social relationships.

If you would like to include a question on your own survey, you could include the following self-assessment question based on the questions used in the Survey on Health, Ageing and Retirement in Europe.[23]

How satisfied are you with your social contacts (with family, friends, etc.)?

- *Very dissatisfied*
- *Dissatisfied*
- *Neither satisfied, nor dissatisfied*
- *Satisfied*
- *Very satisfied*

If you would like to use pre-existing data, note that specific information about satisfaction with social relationships is not available from Statistics Canada. However, questions on social support can provide relevant information, and such data were collected by the CCHS Healthy Aging (2008/2009). Moreover, these data are sometimes available on the annual CCHS, depending on whether provinces and territories have chosen to include these modules. You can check with Statistics Canada to see whether data on your province have been collected recently; call toll-free 1-800-263-1136 or email infostats@statcan.gc.ca

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[23] Bonsang E, van Soest A. Satisfaction with social contacts of older Europeans. *Social Indicators Research* 2012;105:273–92.

III USING QUESTIONS IN PROCESS EVALUATION

This section provides information on using questions in a process evaluation to answer the overall question: "Did we implement our age-friendly initiative the way we intended to?"

A. About Measuring Process

Why measure process?

Ideally, process evaluation is an ongoing activity during the implementation of your initiative. Not only does early and consistent monitoring of process help keep your initiative on track, it also allows you to capture important information that can inform future age-friendly initiatives.

Process evaluation at a glance: actions and outputs

To set up what you will monitor and measure with respect to process, you could identify through a logic model (page 12) or other means (such as a community action plan), the activities or actions you will undertake. These are best stated in a way that makes it clear what you will do. These **actions** are intended to produce **outputs** (things that can be counted or otherwise measured in some way). (See also the examples on page 43.)

For a process evaluation, particularly useful documents to track actions and outputs are administrative records such as meeting agendas, minutes or records of decisions; participant records; registration records; and attendee lists. As well, records showing work completed provide an important source of information. Information of a qualitative or descriptive nature can be collected through focus groups (see Tool 19) and stakeholder interviews.

Process evaluation—as essential as brushing your teeth

Process evaluation may not seem as exciting as outcome evaluation. Nevertheless, monitoring and measuring process are vital to a successful program. Knowing that you implemented the program as intended provides excellent support for the outcomes of the program.

On the other hand, if you *don't know* whether you've implemented your program as intended, it will be difficult to explain (to your committee and your community) how your activities have resulted in the outcomes that you observe. In other words, process evaluation gives your initiative credibility and supports your accountability. It also helps you adjust your program if you don't observe the outcomes you were expecting.

Stating and collecting information about planned actions and outputs: some examples

Planned actions

- Develop (a program, a plan)
- Provide (training, a program, a service)
- Meet with… (specific groups/organizations)
- Assess
- Launch

It can serve you well to identify the duration, intensity and number of your planned activities.

Some ways to describe outputs

- Number of meetings, programs, people consulted/reached
- Type of programs created

Some mechanisms for collecting information about your activities and outputs

- Administrative records, surveys, focus groups, direct observation and stakeholder interviews.

B. Monitoring the Process of Becoming Age-Friendly Using the Five Milestones

As described in the Introduction, the five Pan-Canadian AFC Milestones provide a general guideline to the communities on the road to becoming age-friendly. In consultation with a wide range of stakeholders, the Agency developed a series of questions (and suggested examples of supporting documentation) to address each of the five age-friendly milestones to help communities keep track of the process of becoming age-friendly.[24] These questions and their answers can be used to support your efforts to track the progress of your age-friendly initiative.

The Age-Friendly Communities in Canada: Community Implementation Guide and Toolbox

These resources are designed along the lines of the Pan-Canadian AFC Milestones to assist communities to start up, implement and evaluate their age-friendly initiative (Tool 18).

CASE STUDY: HOW VICTORIA COUNTY, N.S. MEASURED ITS PROCESS

The age-friendly initiative of Victoria County, Nova Scotia, provides an example of how a community has followed the five milestones, including how they used questions (and suggested examples of supporting documentation) developed by the Agency to measure process and gathered supporting documentation for each milestone.

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[24]   Public Health Agency of Canada. (2014). Age-Friendly Communities; www.phac-aspc.gc.ca/seniors-aines/afc-caa-eng.php

MILESTONE 1: Establish an advisory committee that includes the active engagement of older adults

Questions to ask yourself	Examples of supporting documentation	How they did it in Victoria County, Nova Scotia

• Does your advisory committee include older adults? If yes, what proportion of the advisory committee consists of older adults (e.g., 50%?, 75%?)?
 	
• Do these older adults represent a broad cross-section of older adults in your community? Which groups are represented (e.g., age, sex, ethnicity)?
 	
• What measures are taken to ensure that the views, needs and abilities of older adults are included?
 	
• How are advisory committee members engaged? How have you engaged other stakeholders?
	• Committee terms of reference, showing:
	  • objectives of the advisory committee
	  • reporting authority of the committee
	  • definition of members' roles
	  • resources provided to the advisory committee to perform its work
	
	• The number of older adults on the advisory committee (not including names, to protect privacy)
	
	• Examples of concrete measures taken to support the participation of older adults (e.g., accommodating people with a disability and scheduling meetings at appropriate times of the day)
	
	• Evidence of the committee's influence on decisions made (e.g., as shown in meeting minutes)
	
	• Advisory committee recommendations and how they were used
	
	• Names of community groups represented on the committee and the reasons why these groups were included
	
	• A list of events and communications used to engage community groups, number of community meetings held and number of people in attendance
		• Using the most recent Canadian census figures (released in September 2012), the Initiative identified that a) the municipal population of 7,115 people reflects a drop of 479 residents from the previous census in 2006; and b) over 54% of the county's population is over the age of 45.
		
		• In February 2011, the County struck an Age-Friendly Communities Committee. Supporting documents included meeting minutes (with Committee member names) and other information to describe the composition of the committee and how it represented the older adult population in the community.

MILESTONE 1: Establish an advisory committee that includes the active engagement of older adults

What is engagement and how can you document it?

Definition

Clearly defining what you mean by "engagement" can help you monitor and measure the engagement of community members and older adults on your advisory committee. A useful definition of engagement is "the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest or similar situations to address issues affecting the well-being of those people."[25] Engaging community members is a key activity in any age-friendly initiative. Documenting engagement can show why your initiative was successful and/or where you can improve engagement in the future. Some of the documents suggested above will show important aspects of community engagement, such as "sharing a stake" in the process and outcome, participation in decision making (roles and responsibilities in the terms of reference), open communication and discussion/ sharing of information (meeting minutes).

Engagement—a key to success in Victoria County

Victoria County's experience includes examples of engagement that have contributed to its Initiative. It is also important to note that there have been ebbs and flows in the activity surrounding the Initiative—a pattern that is to be expected.

The Age-Friendly Communities Committee (AFC Committee) and local champions used engagement as a key strategy to keep the Initiative current, in residents' minds and successful in meeting the needs of local seniors. Activities included regular and personal emails from the AFC Committee and direct connection with community members with specific interests in AFC activities, such as continuing care or active transportation.

For evaluation purposes, the AFC Committee kept the following:

- copies of emails and records of meetings providing documentation of the engagement process.
- a record of requests to the AFC Committee by various stakeholders (to show engagement of a wide population).

The success of this engagement strategy is also evidenced by the AFC Committee being used as a clearinghouse for information, as a navigator to assist community members to make connections to appropriate resources and as a general resource for the community.

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[25] Public Health Practice Program Office, CDC. Community Engagement: Definitions and Organizing Concepts from the Literature; www.atsdr.cdc.gov/communityengagement/pce_intro.html

MILESTONE 2: Secure a local municipal council resolution to actively support, promote and work towards becoming age-friendly

Questions to ask yourself	Examples of supporting documentation	How they did it in Victoria County, Nova Scotia
• Has the local government formally supported an age-friendly initiative? • How well has the local government incorporated age-friendly practices into broader community planning?	• A signed resolution by municipal officials • A municipal plan describing the commitment to AFC action • Evidence of budget allocation for age-friendly initiatives • Media coverage of municipal commitments (e.g., media releases, newspaper articles, radio and television interviews with elected officials)	• Victoria County Municipal Council passed a motion in February 2011 endorsing an AFC approach in the community and documented a resolution in Council minutes. Council agreed to "endorse the concept of age-friendly communities and work toward making Victoria County an age-friendly community." • Age-friendly activities incorporated into the municipality's broader community planning include a transit study commissioned and funded by the municipality with some support from the province. • As one of five of the Council's standing committees, the AFC Committee is fully integrated into the planning process in the municipality.

MILESTONE 3: Establish a robust and concrete plan of action that responds to the needs identified by older adults in the community

Questions to ask yourself	Examples of supporting documentation	How they did it in Victoria County, Nova Scotia
• Has a community assessment of age-friendliness been conducted? If yes, does it include input from older adults? • Does your community have a specific age-friendly action plan with identified priorities? • Have funding sources to support implementation been identified? Secured?	• Materials used in your age-friendly assessment: interview/focus group guides, surveys, photographs • Results from your age-friendly assessment: information collected from interviews and focus groups, data from surveys, photographs • Town hall meeting agendas and minutes that document the information collected • Characteristics of participants included in the assessment process (e.g., age, sex, neighbourhood affiliation, occupation) • Media coverage of age-friendliness and/or coverage of assessment findings: articles, radio and TV transcripts • Key themes identified through the assessment • An action plan with clear action priorities • Goal statements for each action priority, with specific objectives and a work plan to achieve them (including activities, resources, outputs, time frames and partners)	The AFC Committee conducted a series of consultations with community members and reported on those who were consulted and what they had to say. The consultation report serves as a record of potential age-friendly activities for Victoria County. The consultations: • Included both women and men; mostly adults over age 65; married, single and widowed persons; and those with health limitations. • Led to recommendations for consideration by Victoria County. • Contributed to priorities for action that included transportation, housing and the need for a seniors' assistance plan. The priorities formed the basis of action plans and led to the community's draft Age-Friendly Community Plan, in development by the County in collaboration with the Province of Nova Scotia and the Nova Scotia Centre on Aging. Highlights of activities included: • Completion of a transit feasibility study (2013) to begin to address the transit needs of seniors, as identified through consultations. For evaluation purposes, the study project information (scope, timelines and budget) will be useful.

MILESTONE 3: Establish a robust and concrete plan of action that responds to the needs identified by older adults in the community

Questions to ask yourself	Examples of supporting documentation	How they did it in Victoria County, Nova Scotia
	• Copies of funding applications submitted and documentation related to funding and donations received • Copies of municipal or organizational budgets that fund age-friendly activities	• A partnership with local media to run stories on various services for seniors. Both the community and the media outlet involved are better able to serve local seniors. The stories and number of seniors reached support evaluation activities. The County has hired a communications expert to continue media work. • Hiring a physical activity coordinator, who developed an activity strategy (which includes seniors' healthy living and activity needs).

MILESTONE 4: Demonstrate commitment to action by publicly posting the action plan

Questions to ask yourself	Examples of supporting documentation	How they did it in Victoria County, Nova Scotia
• Have the priorities set out in our action plan been communicated to stakeholders, including older adults? • Has the community's age-friendly action plan been posted publicly?	• A distribution plan • A list of where the action plan has been shared in the community, such as website, print copies (and where they have been distributed) • Number of website visits for action plan and requests for print copies • Media releases and media coverage related to the action plan	Victoria County continues to share information about its activities and to consult with its members through ongoing presentations. To date, the County has developed the following: • Presentations for delivery to community and service groups, and business organizations (e.g., the local Chamber of Commerce, the Baddeck Tourist Association). The presentations are designed to be engaging and to reflect community interests. • A speaker's guide to support AFC Committee members in making presentations and to ensure that their message is consistent across multiple speakers. • A questionnaire/poll for attendees to complete (to gather demographic information, attendees' views on a range of issues, as well as contact information so that participants will receive future updates. They may also participate in a draw for a small prize, e.g., polo shirt, datebook). As of March 2014, over 150 residents had attended the presentations offered, and more were planned.

MILESTONE 5: Make a commitment to measuring activities, reviewing action plan outcomes and reporting on them publicly

Questions to ask yourself	Examples of supporting documentation	How they did it in Victoria County, Nova Scotia
• Has a plan been established for measurement or evaluation activities? • Have you engaged the community in the development of these measurement or evaluation activities? After implementation: • Have you conducted the planned measurement or evaluation activities? • Have you reported on the results of your measurement or evaluation activities?	• A statement from the community/local government that commits itself to measuring and reporting on age-friendly activities and outcomes • Examples (or a list) of information collection methods, such as surveys, tools and interview guides • Documented outputs or outcomes of age-friendly actions in municipal or other performance reports • Evidence of communication of results, such as media releases, town hall meetings, website and reports	Since February 2011, Victoria County has taken many steps and actions—both formal and informal—to become a more age-friendly community. Many of the steps Victoria County has taken to support Milestones 1–4 had tangible information that was documented and can support their measurement activities: • A statement of the Victoria County Council's age-friendly resolution and subsequent Council meeting minutes that document decisions for consultation and action. • A list of the community's AFC Committee members, including demographic characteristics that demonstrate how the Committee represents the older population. • Findings of studies, such as the transit study conducted by the County. • Results of consultations, including demographic information about attendees, as well as the issues they raise. • Action plans—again, documentation of what was planned.

MILESTONE 5: Make a commitment to measuring activities, reviewing action plan outcomes and reporting on them publicly

Questions to ask yourself	Examples of supporting documentation	How they did it in Victoria County, Nova Scotia
		As Victoria County looks to the future, here's what's on the horizon:
		• *Seniors Helping Seniors:* AFC Committee members are acting as navigators in some community activities and are tracking where this happens, to look for trends.
		• *Transportation:* a business plan is being developed to look at hiring a coordinator who will assist in formalizing many informal transit networks.
		• *Communication:* plans are under way to evaluate coverage in the local newspaper and in local media.
		The County hosted a regional age-friendly conference in the fall of 2014. This information-sharing summit highlighted Victoria County's successes and provided a road map for age-friendly groups in the region.

IV SUMMARY

Evaluation is an important aspect of an age-friendly community initiative. In some cases, it is a vital step that determines community and sponsor support. Evaluation can encompass measuring the results and impacts of your initiative as well as the process, and how closely your actual activities aligned with your plans. Both types of evaluation can yield information that is vital to making adjustments—large or small—to ensure that the resources and effort you put into your age-friendly initiative are working towards your goals.

Indicators are inter-related and some are prerequisites for progress in other domains

Many of the indictors suggested in this Guide are closely linked with others. For example, a community might have a range of social or learning programs designed to meet the specific needs of seniors, but if other "foundational" work has not been done (e.g., to increase accessible and affordable transportation options or to ensure that the public buildings that house the social programs are accessible by seniors) then enrolment might not be as high as it otherwise could be.

You may wish to consider these linkages in understanding the results of your evaluation. Not only can they help explain the results but they can also point to future action that will increase the overall impact of your age-friendly initiative over time.

The following illustration shows how some indicators "rely" on others and should be considered together. While it brings together only a few of the 43 indicators, it can serve as a useful model as you plan your initiative and create a logic model to guide your efforts.

Loneliness
(Indicator 42)

Engagement in social activities
(Indicator 20)

Recreation and learning programs for seniors
(Indicator 21)

Accessible public buildings (Indicator 5)
Availability of a range of affordable transportation options (Indicator 8)
Proportion of accessible and clean buses with clearly marked destination and number (Indicator 9)
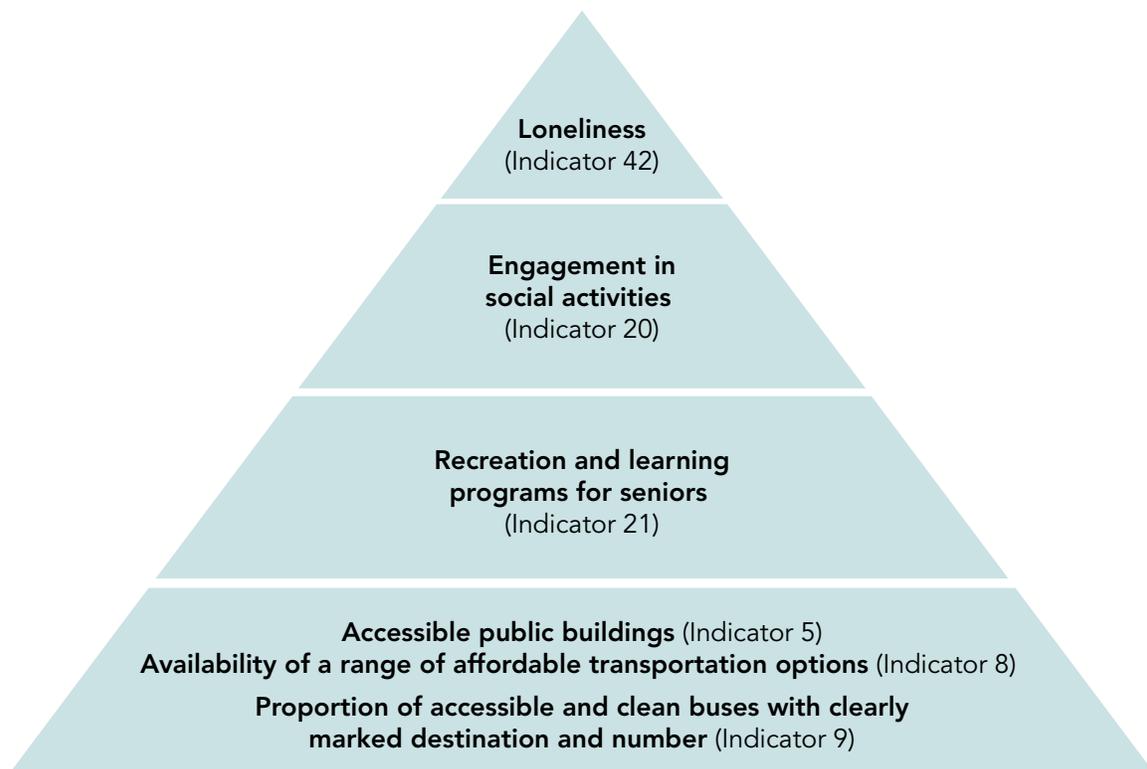
Communicating your evaluation results

One aspect of evaluation that is not covered in this Guide is communicating the results of your measurement and evaluation activities. It is an important next step and part of the fifth milestone to "Make a commitment to measuring activities, reviewing action plan outcomes and reporting on them publicly." Not only will your community members benefit from knowing what you've been doing, but sponsors and potential funders will also want to know. Even if your evaluation shows several areas for improvement, you may want to spread the word that you are actively working to make your community a better place for seniors.

Moving forward

This Guide has provided you with information about 43 indicators to measure the results of your work and an array of questions to help you evaluate how the implementation of your initiative unfolded. With a range of mechanisms and ideas for measuring progress as your community strives to become more age-friendly to its older residents and visitors, together with supporting tools, you are set to evaluate.

We encourage you to make the most of what is available on these pages and to tap into the wealth of resources and other sources of information available through the links, tools and organizations identified here.

V TOOLBOX: 20 TOOLS AND RESOURCES, AND WHERE TO GET MORE INFORMATION

About the Toolbox

This toolbox contains 20 tools to support your efforts to measure the progress your community has made with its age-friendly initiative.

A mixed bag

The toolbox is truly a mixed bag of existing products and sources of information that can lighten your load. Why reinvent the wheel?

You will find tools that are:

- Specific to a particular indicator (or a set of indicators);
- Specific to a particular measurement method;
- General and applicable to many indicators; and
- Adaptable to indicators and to your own unique age-friendly initiative.

The toolbox also includes a list of **resources** you may find useful, including provincial guides to age-friendly communities.

Please respect copyright

You will see that some tools are protected by copyright, and we've received permission to include them in the Guide. You are free to use these tools provided you follow any copyright requirements included with each one. If you would like to reproduce them or publish them in your own guide or other resources, you will need to seek permission from the original source.

Tool 1: Creating a Logic Model
A logic model—what it is and how it can serve your age-friendly initiative[26]

A logic model is a tool or model that clearly shows the logic that underpins your program, including the logical relationships among the various elements of the program and the resources you put into it. While it serves a number of purposes, it is particularly useful in supporting a common understanding of the goals, planned activities and expected impacts of an initiative. It provides a visual display of important elements of a program structure, elements that describe and explain the intended cause-and-effect linkages that connect resources, activities and results.[27] A well-designed logic model will include all of the following:

- **Resources that you put into your project/ initiative (*what we have*)**, often expressed in terms of budget (dollars) or number of staff/volunteers or hours of their time (e.g., some dollars contributed by local businesses, some city staff time).

- **Activities you plan to undertake**—actions to try to meet your program goals (outputs) (*what we do*), e.g., install benches on Main Street.

- **What you create**—the things that result from your activities (*what we create*), e.g., more benches on Main Street.

> **Good outcomes are SMART**
>
> - **S**pecific
> - **M**easurable quantitatively (numbers) or qualitatively (e.g., photos, stories)
> - **A**ction-oriented
> - **R**ealistic
> - **T**imely

- **Resulting changes (or outcomes)**—the changes in behaviours, attitudes, knowledge, skills and functioning of individuals and functioning of the entire community (e.g., older adults can walk on Main Street knowing they will be able to sit down at more frequent intervals when they need to; the city helps seniors to get out and walk). Results or outcomes are often described in terms of short-term outcomes, intermediate-term outcomes and long-term outcomes.

There are three good reasons to use a logic model:

1. **A logic model provides a snapshot of the "theory" of your program** that is easy to understand. It helps you plan and prioritize resources and activities.

2. **A logic model helps you explain your program to others and build a shared understanding** of what the program is about and what it's after. It can strengthen requests for funding.

3. **A logic model identifies what you need to document and measure** to show that your program was implemented as planned (process evaluation) and what you need to document and measure as the results or outcomes of your program (outcome evaluation).

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[26] The information about logic models included in this Guide has been adapted from McDavid et al., *op. cit.; The Program Manager's Guide to Evaluation, op. cit.*; Canadian Heritage: *Splash and Ripple: Using Outcomes to Design & Manage Community Activities, op. cit.*

[27] McDavid et al., *op cit.*, p. 47.

The following is the sample logic model included on page 13 in Section I of the Guide.

LOGIC MODEL ELEMENTS—A SIMPLE EXAMPLE **Sample age-friendly goal: to enhance the social participation of older adults through community programs**					
Planning (inputs)	**Activities you will undertake and what they will create (outputs)**		**Resulting changes (outcomes)**		
Resources available	**Activities**	**To be created**	**Short term**	**Intermediate**	**Long term**
Human resources: number of staff and volunteers, number of hours	Meeting with community members	Meetings: number and frequency of meetings held	Increased awareness of programs among all community members	Increased satisfaction of seniors with available programs	Improved physical and mental health among seniors
Funding: donations, grants from all sources	Developing programming	Social programs: number directed towards seniors	Increased enquiries about seniors' programs	Higher levels of reported social participation among seniors	Increased quality of life
	Developing a communication plan to advertise new programs	Communication: number/type in place to inform seniors about new programs	Increased registration in seniors' programs		

Tool 2: The Seniors Walking Environmental Assessment Tool (SWEAT-R)

This tool was developed (and recently revised to make it more brief) to assess aspects of the built environment that affect older adults' ability to participate in physical activity.[28] It measures and scores aspects of buildings, sidewalks and buffer zones; personal and traffic safety; and aesthetics and destination. It allows you to tally an overall "score of age-friendliness." Initially validated for use in Portland, OR, it has also been validated in British Columbia.[29] It's available at: http://publichealth.drexel. edu/academics/faculty/Yvonne%20Michael

Supports measurement of…

1, 2, 3, 4, 10,12

Tool 3: Environmental Audit Tool

This tool, developed by the CDC-HAN, supports comprehensive assessment of neighbourhood walkability and community safety, with consideration of the needs of older adults and people with disabilities. It includes an item (question 37 in the full questionnaire) to support measurement of accessibility at transit stops, including lighting and accessibility (in support of Indicators 8–11). Find it at: http://depts.washington.edu/hprc/environment

Supports measurement of…

1, 2, 3, 4, 10,12

Tool 4: Neighbourhood Environment Walkability Survey (NEWS)

Good "NEWS" for communities that want to measure seniors' perceptions of the built environment. While not designed specifically for seniors, NEWS is widely used and is considered to have excellent measurement properties. The existing versions of NEWS are available at: http://sallis.ucsd.edu/measure_news.html. An abridged version of this tool is available from Statistics Canada as part of the 2011 CCHS Rapid Response Module on Neighbourhood Environment. For a copy, contact Statistics Canada at 1-800-263-1136 or by email at infostats@statcan.gc.ca

Supports measurement of…

3, 4, 10, 14

A version of the survey adapted for the Canadian context (to include winter weather considerations) is currently being developed and will be available on the Ottawa Neighbourhood Study website: www.neighbourhoodstudy.ca

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[28] Cunningham GO, Michael YL, Farquhar SA, Lapidus J. Developing a reliable senior walking environmental assessment tool. *American Journal of Preventive Medicine* 2005;29(3):215–217.

[29] Chaudhury H, Sarte AFI, Michael YL, Mahmood A, Keast EM, Dogaru C, Wister A. Use of a systematic observational measure to assess and compare walkability for older adults in Vancouver, British Columbia and Portland, Oregon Neighbourhoods. *Journal of Urban Design* 2011;16(4):433–54.

Tool 5: Which Walking Assessment Tool?

The following table lists the indicators that can be measured using the four walking assessment tools suggested in this guide.

A word of caution

While each of the four tools takes into account different aspects of walkability, you may be inclined to use only those items that directly apply to your age-friendly activities. It is important to know that these tools have been validated in their whole form; using only a few items from a tool means that you are no longer using a properly tested tool. While this still may be the right decision for your community, depending on the resources you have available for your evaluation activities, you should be aware of the trade-off you are making in using a partial tool.

SOME WALKING ASSESSMENT TOOLS AND THE INDICATORS THEY MEASURE				
Indicator number	SWEAT-R	CDC-HAN Intersection	CDC-HAN Segment	NEWS
1. Rest places	Yes	No	Yes	No
2. Washrooms	Yes	No	Yes	No
3. Crosswalk safety	Yes	Yes	No	Yes
4. Sidewalk and trail conditions	Sidewalks	No	Yes	Yes
10. Transit stops	Yes	No	Yes	Yes
12. Street signage	Yes	Yes	No	No
13. Snow and ice removal	No	No	Maybe*	Not yet**

NOTES:

SWEAT-R—the Seniors Walking Environment Assessment Tool–Revised

CDC-HAN—The U.S. Centers for Disease Control and Prevention Healthy Aging Research Network Walking Audit Tool includes separate versions for intersections (CDC-HAN Intersection) and walking segments (CDC-HAN Segment). The following link provides an introduction to and guidelines for using the tool : http://depts.washington.edu/hprc/environment. The researchers who developed this tool have asked to be notified if you are using it. Please contact Rebecca_Hunter@unc.edu

NEWS—Neighbourhood Environment Walkability Survey: http://activelivingresearch.org/node/10649. A number of versions of the original NEWS scale, including several translations, are available at: http://sallis.ucsd.edu/measure_news.html. A Canadian version of NEWS will be posted at: http://neighbourhoodstudy.ca

*   Possibly under the item on maintenance.

**   Items on winter conditions are being included in a Canadian version of the NEWS.

Tool 6: Checklists for Measuring Actual Accessibility of Outdoor Spaces and/or Public Buildings

This section provides three examples of checklists developed and used to assess the accessibility of outdoor spaces and/or public buildings. It includes a checklist developed for a province (Ontario), a community (Parksville, British Columbia) and a larger city (Calgary, Alberta). Your provincial/territorial/municipal government may have a checklist tailored to its own needs.

> **Supports measurement of…**
>
> 5, 25, 31

Ontario:
www.mcss.gov.on.ca/en/mcss/programs/accessibility/understanding_accessibility/making_buildings_accessible.aspx

Parksville, British Columbia:
www.city.parksville.bc.ca/cms/wpattachments/wpID270atID3216.pdf

Alberta (Calgary) (application of "universal design" principles):
http://housing.cpa-ab.org/images/files/Universal%20Design%20Checklist.pdf

Tool 7: Facilitators and Barriers Survey (FABS) (Perceived Accessibility)

This self-report survey developed by Gray et al.[30] is used to determine the perceived accessibility of the aspects of the environment that promote or restrict participation of people with mobility impairments. This tool could be used by age-friendly initiatives with a focus on accessibility and the capacity to do some primary data collection through a survey. Find it at:
http://informahealthcare.com/doi/abs/10.1080/09638280701625377

> **Supports measurement of…**
>
> 5, 25, 31

Tool 8: Statistics Canada's CANSIM Tables

Many of the data collected by Statistics Canada are tabulated in a format known as "CANSIM" tables. CANSIM tables can be easily manipulated to provide health and social statistics at the health region level and for specific age groups. Many health-related statistics are provided in CANSIM table 105-0502. The table can be found at: http://www5.statcan.gc.ca/cansim/a05?id=1050502

> **Supports measurement of…**
>
> 6, 20, 27, 28, 35, 38, 39, 40, 41

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[30]   Gray DB, Hollingsworth HH, Stark S, Morgan KA. A subjective measure of environmental facilitators and barriers to participation for people with mobility limitations. *Disability and Rehabilitation* 2008;30(6):434–57.

How to customize CANSIM tables

Go to the CANSIM table with the data you want. Click on the tab "Add/remove data."

1. Choose your geographic level. "Unselect" Canada and check the box next to your health region.
2. Choose your age group. "Unselect" all ages and check the box next to "65 and older."
3. Choose whether to have statistics for men and women together or separately. For smaller jurisdictions, you may need to group men and women together to obtain reliable estimates.
4. Check the indicators that you would like data for.
5. Select what statistics you would like. Make sure you have checked "percent." If you want to know how reliable the statistics are, also check the "Low" and "High" 95% confidence intervals.
6. Select your time frame.
7. Select your output format.

If your estimates have an "E" beside them, this means that the statistic should be used with caution because only a small number of people have contributed to this statistic or because the statistic has a wide variation.

In addition to table 105-0502, a number of other CANSIM tables are referred to in Section II of this document (*Using Indicators Across Community Domains*) as useful sources of data. The process for customizing tables is generally the same across tables, so we refer you back to this tool a number of times.

Tool 9: Custom Tabulations from the Canadian Community Health Survey (CCHS), Statistics Canada

Specific data on falls and many other variables can be obtained by ordering (for a fee) custom tabulations. Self-reports of injuries, including falls, location of fall, type of fall, and type and location of injury, can be obtained. If there are very few respondents who report the outcome you are interested in, Statistics Canada may not be able to release this information because of privacy considerations. For more information, visit: www.statcan.gc.ca/eng/reference/refcentre-centreref/index-eng

Supports measurement of…

6

Tool 10: How to Conduct a Program Inventory

A program inventory is a practical and useful way to find out what programs are in place in your community. It's a first step in identifying, and acting on, gaps in your community. It's also a method for identifying what programs are in place after you have implemented age-friendly activities.

Supports measurement of…

7, 8, 16, 17, 21, 22, 23, 24, 26, 29, 30, 32, 33, 34, 36, 37, 38, 39

The following sample uses the example of crime prevention programs (Indicator 7). You will need to adapt it to the specific needs of your community. We suggest it as a useful measurement tool for several indicators (see sidebar) and often refer you back to this tool.

1. **Decide on the scope of your inventory and state it clearly.** For example: "This program inventory takes stock of all programs in Smithsville that address crime prevention and that are run by the municipality and non-profit groups" (see sidebar on this page).

2. **Set out a clear method of how you will search for programs.** For example: "City program guides will be reviewed, the local police service will be contacted, and the Smithsville Seniors Group will be contacted. All programs related to crime prevention will be included in the inventory."

3. **Record your findings in a way that serves your purpose.** Depending on how much information you can gather about each program, the following template may serve as a guide.

Size matters…

…. when it comes to how you conduct your inventory.

- In smaller centres, there may be a limited number of non-profit groups, making it easy to explicitly identify which organizations you will include in your scan.

- In larger centres, you may need to use broader search strategies, such as "Key organizations related to crime prevention, including the local police, organization A and organization B, will be contacted as key informants to identify known crime prevention courses."

Use the following template (tailoring it to the specifics of your program inventory) to track and record your inventory.

PROGRAM INVENTORY TEMPLATE*									
What is the program?	Who runs the program?	Describe the program	Who is the targeted audience?	Where is it available?	When is it available?	In which languages?	What is the cost to the client?	Registration data: How many participants?	Other notes

* Adapted from the Program Inventory developed by the City of Ottawa for the Older Adult Plan.

Tool 11: Canada Mortgage and Housing Corporation— Housing Adequacy Definitions and Data

The CMHC definition of housing adequacy takes into account housing affordability, suitability and adequacy. Although it does not cover all the components suggested in indicators 15–17, we still recommend considering this source, because it provides data that are both available and comparable. Here's how CMHC defines adequate, affordable and suitable housing:

> **Supports measurement of…**
>
> 14, 15

Adequate housing
Adequate housing does not require any major repairs, according to residents.

Affordable housing
Affordable housing costs less than 30% of before-tax household income. Shelter costs include the following:

- For renters: rent and any payments for electricity, fuel, water and other municipal services;
- For owners: mortgage payments (principal and interest), property taxes and any condominium fees, along with payments for electricity, fuel, water and other municipal services.

Suitable housing
Suitable housing has enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard (NOS) requirements.

Reproduced from *Housing in Canada Online*, Canada Mortgage and Housing Corporation.
http://cmhc.beyond2020.com/HiCODefinitions_EN.html#_Housing_Standards

Housing adequacy data are available from the CMHC through its *Housing in Canada Online tables*: http://cmhc.beyond2020.com/HiCOMain_EN.html

Tool 12: How to Develop a Survey

You may wish to conduct a survey to gather information from residents about their opinions, perceptions and self-reported behaviours (such as how often they use public transportation [Indicator 11, page 23] or how confident they are that they will be able to afford to stay in their current residence [Indicator 18, page 26]).

Supports measurement of…

18, 19, 20, 42, 43

There are many tools available to help you develop a survey, which can be conducted through a paper and pencil survey, completion of a survey in person, and online surveys.

As you plan your survey, bear in mind that it will give you information only about the people who answer the questions. If only people with a certain type of opinion or characteristic answer the survey (e.g., those who are happy with municipal services or those who have high literacy skills), you won't get a full picture of what is really going on in your community. For this reason, sampling (how you choose the people invited to complete the survey) is extremely important, as is being sure to collect information about the people who answer the survey (such as sex, age, ethnicity, educational level, income level, neighbourhood of residence). This will help you to know how representative your survey is and whether you are capturing results from the population you want to hear from.

Online survey tools such as Fluidsurveys™ (http://fluidsurveys.com) make collecting data easy and include analysis tools. Before you decide on an online survey, however, consider whether the population you want to collect data from is comfortable with online methods. If not, prepare to have alternative formats available, such as a paper and pencil survey.

For a comprehensive approach to conducting a community survey, visit the Community Tool Box website of the University of Kansas at: http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-surveys/main

Statistics Canada has also published a guide entitled *Survey Methods and Practices*, which is available at: www.statcan.gc.ca/pub/12-587-x/12-587-x2003001-eng.pdf

Tool 13: Communicating Respectfully

Before you begin a communication initiative (perhaps a website, a brochure, a blog), consider how you are thinking about your audience—your words will reflect your thoughts and attitudes!

The Agency developed a guide entitled *Age-Friendly Communication: Facts, Tips and Ideas* to provide Canadian communities with a range of research findings, expert advice, and tips and tools for interaction with seniors. The publication includes the following tips:

Supports measurement of…

34

Check Your Attitude!

- Avoid stereotyping or reinforcing incorrect perceptions about seniors; show older people as you know them to be—active participants, using a full range of abilities in a full range of roles and activities.

- Shun ageism, racism and sexism in conversation, text, illustrations and photographs. They are prohibited by law.

- Avoid ageist language (that categorizes seniors negatively), such as "the aged," "the elderly," "oldsters," "senile," "feeble."

- Use "seniors," "older persons" or "older adults" if you need to indicate the age group.

- Beware of patronizing, condescending or childish expressions and tone when talking with or about seniors. Their lifelong experience comes in handy in detecting flattery and insincere deference.

- Remember that the way you use language reflects your attitudes and your respect for the audience.

Reproduced from *Age-Friendly Communication: Facts, Tips and Ideas*, Public Health Agency of Canada. www.phac-aspc.gc.ca/seniors-aines/publications/public/various-varies/afcomm-commavecaines/index-eng.php

Tool 14: Checklist for Providing Assistance to Seniors over the Phone

Here is a checklist included in *Age-Friendly Communication: Facts, Tips and Ideas* to support organizations in communicating effectively with seniors. Consider using this checklist in your evaluation and measurement activities to assess the age-friendliness of organizations that provide services to seniors (to support Indicator 33: Availability of a live person option on telephone calls, page 34).

Supports measurement of…

33

- Does your phone system invite callers to talk to a real person without waiting for endless messages and menu choices?
- Does the system accommodate rotary phones?
- Are the instructions on your automated answering system spoken clearly and slowly, with options to repeat a menu?
- Does your message start by advising callers to have a pen and paper handy?
- Does your system provide for teletypewriter users, to accommodate callers who are deaf or hard of hearing?
- Does the system give callers the option of leaving a message and having someone return the call?

Tool 15: Checklist from *Simply Put*, Appendix A: Checklist for Easy-to-Understand Print Materials

The US Centers for Disease Control and Prevention's *Simply Put*[31] checklist can be used to review your materials. This will help you ensure that your materials effectively communicate to your audience in ways that it can relate to and understand.

Supports measurement of…

34

Message Content

- Have you limited your messages to three to four messages per document (or section)?
- Have you taken out information that is "nice to know" but not necessary?
- Is the most important information at the beginning of the document?
- Is it repeated at the end?
- Have you identified action steps or desired behaviours for your audience?
- Have you post-tested your materials?

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[31] Reproduced from the US Centers for Disease Control and Prevention 2009 publication *Simply Put*, which can be found at: www.cdc.gov/healthliteracy/pdf/simply_put.pdf

Text Appearance

- Does your document have lots of white space? Are margins at least ½ inch?
- Is the print large enough (at least 12 points)? Does it have serifs?
- Have you used bold, italics and text boxes to highlight information?
- Have you avoided using all capital letters?
- Is text justified on the left only?
- Did you use columns with a line length of 40 to 50 characters of space?
- Have you post-tested your materials?

Visuals

- Is the cover attractive to your intended audience? Does it include your main message and show who the audience is?
- Are your visuals simple and instructive rather than decorative?
- Are your visuals placed near related text? Do they include captions?
- Do visuals help explain the messages found in the text?
- If you read only the captions, would you learn the main points?
- Have you post-tested your materials?

Layout and Design

- Is information presented in an order that is logical to your audience?
- Is information chunked, using headings and subheadings? Do lists include bullets?
- Have you eliminated as much jargon and technical language as possible?
- Is technical or scientific language explained?
- Have you used concrete nouns, an active voice, and short words and sentences?
- Is the style conversational?
- Have you post-tested your materials?

Translation

- Are the language and content culturally appropriate?
- Are the visuals culturally appropriate?
- Have you had the piece back-translated?
- Is the translator fluent in the same linguistic variation as the intended audience?
- Have you post-tested your materials?

Understandability

- Have you tested the complexity of the language used in your material for comprehension?
- Have you pre-tested your materials with members of your intended audience?
- Have you post-tested your materials with members of your intended audience?

Tool 16: Sample Table to Record Assessed Useability of Information Materials

This simple table can help you keep track of what materials you have assessed and which tools you have used. Adapt it to reflect your community's approach.

Supports measurement of…

34

EXAMPLE: Recreational programs listing				
Product	**Alternative formats?**	**Readability**	**Useability checklist**	**Notes**
Recreational programs listing	• Large print • Web	SMOG—Grade 6–8 reading level (see Tool 17, below)	See Checklist from *Simply Put* for easy-to-understand materials (see Tool 15)	More visuals could be helpful; as would making the listing available in French, English and Mandarin

Tool 17: Assessing Reading Level Using SMOG[32]

SMOG is a quick and easy method to assess the reading level of sections of text and is used to measure readability of longer texts (such as longer articles or reports). Generally, a level of Grade 6–8 is considered appropriate for text aimed at seniors. To use SMOG:

Supports measurement of…

34

- Choose three strings of 10 sentences in different parts of the document.
- Count the number of words with three or more syllables when read aloud.
- Using the chart below, check to see the approximate grade level of the text you have assessed.

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[32] McLaughlin G. SMOG grading: a new readability formula. *Journal of Reading* 1969;12(8):639–46.

Number of words with three or more syllables	Grade level
0–2	4
3–6	5
7–12	6
13–20	7
21–30	8
31–42	9
43–56	10
57–72	11
73–90	12
91+	Post-secondary level reading

Tool 18: Age-Friendly Communities in Canada: Community Implementation Guide[33]

This *Age-Friendly Communities in Canada: Community Implementation Guide* is one of the resources developed by the Agency to assist communities to start up, implement and evaluate their age-friendly initiative. It is easy to use and contains lots of practical information and ideas that can help any community become more age-friendly.

This resource has been designed for use by anyone who wants to put their ideas and vision for a more age-friendly community into action. These actions can focus on one or many different sectors in the community, such as health and social services, parks and recreation, policing services and businesses, to incorporate age-friendly approaches into design, policy and services.

An electronic version of *Age-Friendly Communities in Canada: Community Implementation Guide* is available from the Agency at: www.phac-aspc.gc.ca/seniors-aines/publications/public/afc-caa/guide/index-eng.php

Tool 19: Conducting Focus Groups

Focus groups offer a useful way of collecting qualitative data. Led by a trained facilitator, focus groups are used to collect opinions on a wide range of issues and plans. The Agency's *Age-Friendly Communities in Canada: Community Implementation Guide* includes a section (in the Toolbox) on conducting focus groups.

The University of Kansas Community Tool Box also offers a section on focus groups, covering what they are, why and when to use them and how to run them. It is available at: http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main

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[33] Public Health Agency of Canada. Age-Friendly Communities in Canada: Community Implementation Guide; www.phac-aspc.gc.ca/seniors-aines/publications/public/afc-caa/guide/index-eng.php

Focus groups can be used when you want to gather rich information about people's opinions and when the type of information you are looking for can't be easily obtained through written or web-based surveys. You will get more descriptive information from a smaller group of people than would be the case through a survey.

When you are considering using a focus group to gather information for your evaluation, decide whether you have the internal expertise to plan and conduct the group or whether you have the resources to hire an experienced focus group leader. Conducting a focus group takes time and resources: to prepare a guide (questions), recruit participants, conduct the group and analyze the information collected.

Examples of questions that might be appropriate for a focus group approach to your evaluation activities:

- What are some examples of how your community has become more age-friendly in the past year?
- What do you like best about [an AFC domain area] . . . ?
- What aspects of [an AFC domain area] could be improved? What would be an improvement?

Tool 20: Provincial Resources and Websites for Age-friendly Communities

A number of provinces have produced excellent materials that can help you plan and implement your age-friendly initiative. Be sure to check with your specific province if you are planning on participating in a provincial program or seeking funding, where such programs exist.

This tool provides a link to provincial age-friendly resources.

British Columbia

Age-friendly BC
www2.gov.bc.ca/gov/topic.page?id=89CBC67AB21B4EB995A4A94246BD6D8A

British Columbia: Becoming an Age-friendly Community: Local Government Guide
www2.gov.bc.ca/assets/gov/people/seniors/about-seniorsbc/afbc/becoming_an_agefriendly_community_local_government_guide.pdf

Alberta

Age-Friendly Alberta
www.health.alberta.ca/seniors/age-friendly-alberta.html

Building Age-Friendly Communities. A Guide for Local Action
www.seniors.alberta.ca/documents/AgeFriendly-Guide-2012.pdf

Manitoba

Age-Friendly Manitoba
www.gov.mb.ca/shas/agefriendly

Ontario

Age-Friendly Communities Ontario
www.seniors.gov.on.ca/en/afc/index.php

Finding the Right Fit: Age-Friendly Community Planning Guide (2013)
www.seniors.gov.on.ca/en/afc/guide.php

Planning by Design: A Healthy Communities Handbook (2009)
(Ministry of Municipal Affairs and Housing)
www.mah.gov.on.ca/Page6737.aspx

Transit Supportive Guidelines (2012) (Ministry of Transportation)
www.mto.gov.on.ca/english/transit/supportive-guideline

Québec

Municipalité amie des aînés (MADA) (in French only)
www.mfa.gouv.qc.ca/fr/aines/mada/Pages/index.aspx

Guide d'accompagnement pour la réalisation de la démarche Municipalité amie des aînés –
Édition 2013–2014 (in French only)
www.mfa.gouv.qc.ca/fr/publication/Documents/guide_mada.pdf

Nova Scotia

Age-Friendly Nova Scotia
novascotia.ca/seniors/age_friendly_program.asp

Newfoundland and Labrador

Age-Friendly Newfoundland and Labrador
www.swsd.gov.nl.ca/grants/age_friendly.html

Provincial Healthy Aging Policy Framework
www.swsd.gov.nl.ca/seniors/pdf/prov_healthy_aging.pdf

VI AGE-FRIENDLY INDICATORS AND TOOLS

DOMAIN 1: OUTDOOR SPACES AND BUILDINGS (page 19)

Theme	Indicator	Suggested Tools	Tool #	Page
	1. Number of rest places and distance between rest places	The Seniors Walking Environmental Assessment Tool-Revised (SWEAT-R) http://publichealth.drexel.edu/academics/faculty/Yvonne%20Michael	2	58
		Centers for Disease Control and Prevention's Healthy Aging Research Network (CDC-HAN) http://depts.washington.edu/hprc/environment	3	58
	2. Number of accessible washrooms	SWEAT-R http://publichealth.drexel.edu/academics/faculty/Yvonne%20Michael	2	58
		CDC-HAN http://depts.washington.edu/hprc/environment	3	58
Walkability	3. Crosswalks are safe (e.g., with appropriate crossing times, mid-block crosswalks on long streets, median rest stops, good visibility)	SWEAT-R http://publichealth.drexel.edu/academics/faculty/Yvonne%20Michael	2	58
		CDC-HAN http://depts.washington.edu/hprc/environment	3	58
		Neighbourhood Environment Walkability Survey (NEWS) http://sallis.ucsd.edu/measure_news.html	4	58
	4. Sidewalks, trails and walkways exist and are in safe condition (e.g., have smooth surfaces, curb cuts, separate bike lanes, are wide, well lit, clear of ice and snow)	SWEAT-R http://publichealth.drexel.edu/academics/faculty/Yvonne%20Michael	2	58
		CDC-HAN http://depts.washington.edu/hprc/environment	3	58
		NEWS http://sallis.ucsd.edu/measure_news.html	4	58

Theme	Indicator	Suggested Tools	Tool #	Page
Actual and perceived accessibility	5. Public buildings have adequate access to and manoeuvrability around buildings (e.g., access at ground level, level entry, wheelchair ramps, automatic doors, wide aisles to accommodate scooters and wheelchairs)	Checklists for measuring actual accessibility of outdoor spaces and/or public buildings developed by some provinces, e.g., Ontario www.mcss.gov.on.ca/en/mcss/programs/accessibility/understanding_accessibility/making_buildings_accessible.aspx Parksville, British Columbia www.city.parksville.bc.ca/cms/wpattachments/wpID270atID3216.pdf Alberta (Calgary) (application of "universal design" principles) http://housing.cpa-ab.org/images/files/Universal%20Design%20Checklist.pdf	6	60
		Perceived accessibility: Facilitators and Barriers Survey (FABS) http://informahealthcare.com/doi/abs/10.1080/09638280701625377	7	60
Injuries	6. Number of falls and other injuries of seniors (occurring in public places)	Statistics Canada's CANSIM tables: many health-related statistics are found in CANSIM table 105-0502 http://www5.statcan.gc.ca/cansim/a05?id=1050502	8	60
		Custom tabulations from the Canadian Community Health Survey (CCHS), Statistics Canada www.statcan.gc.ca/eng/reference/refcentre-centreref/index-eng	9	61
Crime prevention	7. Availability of crime prevention strategies, courses and programs for seniors (including focus on fraud and elder abuse)	Program inventory	10	62

Theme	Indicator	Suggested Tools	Tool #	Page
DOMAIN 2: TRANSPORTATION (page 23)				
	8. Availability of a range of affordable options for transportation (e.g., public/ private partnerships, volunteer driving program, park and go, shuttles)	Program inventory	10	62
Transportation options and public transit	9. Proportion (or number) of buses that are accessible, clean, and with destination and number clearly displayed	Program inventory	10	62
	10. Bus stops/shelters are safe and accessible (e.g., with seating, well lit, covered, snow removed, close to seniors' residences)	SWEAT-R http://publichealth.drexel.edu/academics/faculty/Yvonne%20Michael	2	58
		CDC-HAN http://depts.washington.edu/hprc/environment	3	58
		NEWS http://sallis.ucsd.edu/measure_news.html	4	58
	11. Proportion of people age 65+ who have access to and use public transport	National Household Survey http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/dt-td/Dir-eng.cfm	n/a	23
Age-friendly streets and parking	12. Streets have clear and appropriate street signage and lane markers	SWEAT-R http://publichealth.drexel.edu/academics/faculty/Yvonne%20Michael	2	58
		CDC-HAN http://depts.washington.edu/hprc/environment	3	58
	13. Parking lots and spaces are kept clear of snow and ice	NEWS http://sallis.ucsd.edu/measure_news.html (soon to be released News North)	4	58

Theme	Indicator	Suggested Tools	Tool #	Page
DOMAIN 3: HOUSING (page 25)				
Housing availability	14. Availability of affordable housing that is appropriately located, well-built, well-designed, secure, and for which waiting times are short	Canada Mortgage and Housing Corporation—housing adequacy definitions and data http://cmhc.beyond2020.com/HiCOMain_EN.html	11	63
	15. Availability of affordable multipurpose and aging in place housing options	Canada Mortgage and Housing Corporation—housing adequacy definitions and data http://cmhc.beyond2020.com/HiCOMain_EN.html	11	63
Housing programs and resources	16. Availability of programs for increasing accessibility, safety and adaptability of housing (e.g., hand rails, ramps, smoke detectors)	Program inventory	10	62
	17. Availability of a resources listing age-friendly home maintenance, support and care-giving services	Program inventory	10	62
Ability to age in place	18. Proportion of people age 65+ who want to remain in their current residence and are confident they will be able to afford to do so	Survey http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-surveys/main	12	64
Housing support awareness	19. Awareness of rent subsidy or other programs (e.g., home loans) among seniors	Survey http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-surveys/main	12	64

Theme	Indicator	Suggested Tools	Tool #	Page
DOMAIN 4: SOCIAL PARTICIPATION (page 28)				
Engagement in social activities	20. Proportion of people age 65+ who engage in social activities at least once a week (e.g., meet with friends/neighbours; take part in civic, spiritual, or cultural activities; volunteer or work)	Statistics Canada CANSIM tables (Healthy Aging Survey) http://www5.statcan.gc.ca/cansim/a26?lang=eng&id=1051200	8	60
		Statistics Canada CANSIM tables (Labour Force Survey) http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=2820002	8	60
		Survey http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-surveys/main	12	64
	21. Availability of recreation and learning programs specifically for seniors (e.g., computer courses, community gardens, crafts, games, exercise classes)	Program inventory	10	62
Opportunities for participation	22. Availability of intergenerational recreation and social programs	Program inventory	10	62
	23. Availability of opportunities for social participation in leisure, social, cultural and spiritual activities with people of all ages	Program inventory	10	62
	24. Affordability of seniors' recreation programs	Program inventory	10	62

Theme	Indicator	Suggested Tools	Tool #	Page
Accessibility of participation opportunities	25. Public venues for community-based activities are accessible (e.g. adapted washrooms, a ramp to enter the building, better lighting, temperature control)	Checklists for measuring actual accessibility of outdoor spaces and/ or public buildings developed by some provinces e.g., Ontario www.mcss.gov.on.ca/en/mcss/programs/accessibility/ understanding_accessibility/making_buildings_accessible.aspx Parksville, British Columbia www.city.parksville.bc.ca/cms/wpattachments/wpID270atID3216.pdf Alberta (Calgary) (application of "universal design" principles) http://housing.cpa-ab.org/images/files/Universal%20Design%20 Checklist.pdf	6	60
		Perceived accessibility: Facilitators and Barriers Survey (FABS) http://informahealthcare.com/doi/abs/10.1080/09638280701625377	7	60

DOMAIN 5: RESPECT AND SOCIAL INCLUSION (page 31)

Theme	Indicator	Suggested Tools	Tool #	Page
Accessibility of intergenerational activities	26. Availability of intergenerational family activities	Program inventory	10	62
Sense of Belonging	27. Level of sense of belonging in the community	Statistics Canada's CANSIM table 1050502 http://www5.statcan.gc.ca/cansim/a05?id=1050502	8	60

DOMAIN 6: CIVIC PARTICIPATION AND EMPLOYMENT (page 32)

Theme	Indicator	Suggested Tools	Tool #	Page
Employment	28. Level of unemployment and employment among seniors	Statistics Canada's Labour Force Survey http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng& id=2820002	8	60
Training and support	29. Availability of support for volunteers (e.g., training, transportation, reimbursement of expenses, method of appreciation)	Program inventory	10	62

Theme	Indicator	Suggested Tools	Tool #	Page
	30. Availability of training opportunities related to the accommodation of seniors' needs in workplace	Program inventory	10	62
Accessibility	31. Municipal buildings/meetings are accessible	Checklists for measuring actual accessibility of outdoor spaces and/or public buildings developed by some provinces (e.g., Ontario) www.mcss.gov.on.ca/en/mcss/programs/accessibility/understanding_accessibility/making_buildings_accessible.aspx		
		Parksville, British Columbia www.city.parksville.bc.ca/cms/wpattachments/wpID270atID3216.pdf Alberta (Calgary) (application of "universal design" principles) http://housing.cpa-ab.org/images/files/Universal%20Design%20Checklist.pdf	6	60
		(Perceived Accessibility): Facilitators and Barriers Survey (FABS) http://informahealthcare.com/doi/abs/10.1080/09638280701625377	7	60

DOMAIN 7: COMMUNICATION AND INFORMATION (page 34)

	32. Availability of assistance to seniors for filling out forms	Program inventory	10	62
Assistance available	33. Availability of a live person option on telephone calls	Program inventory	10	62
		Checklist included in *Age-Friendly Communication: Facts, Tips and Ideas* www.phac-aspc.gc.ca/seniors-aines/publications/public/various-varies/afcomm-commavecaines/index-eng.php	14	66

Theme	Indicator	Suggested Tools	Tool #	Page
	34. Materials for the public are produced in large print, plain language and/or with age-friendly considerations	Program inventory	10	62
		Checklist included in *Age-Friendly Communication: Facts, Tips and Ideas* www.phac-aspc.gc.ca/seniors-aines/publications/public/various-varies/afcomm-commavecaines/index-eng.php	13	65
Usability of information materials		Centers for Disease Control and Prevention's Simply Put" A Guide for Creating Easy-To-Understand Materials http://stacks.cdc.gov/view/cdc/11938	15	66
		SMOG—Simple Measure of Gobbledygook Source: McLaughlin G. SMOG grading: a new readability formula. *Journal of Reading* 1969;12(8): 639–46.	17	68

DOMAIN 8: COMMUNITY SUPPORT AND HEALTH SERVICES (page 37)

Theme	Indicator	Suggested Tools	Tool #	Page
Primary care physician	35. Proportion of seniors who have a primary care physician	Statistics Canada CANSIM table. Data are available by health region in CANSIM table 105-0502 http://www5.statcan.gc.ca/cansim/a05?id=1050502	8	60
Supportive health services	36. Availability of prevention programs related to health issues of high relevance to seniors	Program inventory	10	62
	37. Availability of end-of-life support for seniors, their families and caregivers	Program inventory	10	62

Theme	Indicator	Suggested Tools	Tool #	Page
Community services	38. Availability of low-cost food programs (e.g., meals on wheels, wheels to meals, food bank)	Statistics Canada's CANSIM tables: CANSIM table 105-0547 by age group and health region http://www5.statcan.gc.ca/cansim/pick-choisir?lang=eng&p2=33&id=1050547	8	60
		Program inventory	10	62
	39. Availability of assistance for activities of daily living (e.g., yard work, shopping, snow removal, garbage collection)	Statistics Canada's Health Reports www.statcan.gc.ca/pub/82-003-x/2012004/article/11760-eng.htm	8	60
		Program inventory	10	62

HEALTH AND SOCIAL OUTCOMES FOR SENIORS (page 39)

Theme	Indicator	Suggested Tools	Tool #	Page
Health related quality of Life	40. Level of health-related quality of life	Statistics Canada's CANSIM tables. Data are available by health region in CANSIM table 105-0502 http://www5.statcan.gc.ca/cansim/a05?id=1050502	8	60
Satisfaction with life	41. Level of satisfaction with life in general	Statistics Canada's CANSIM tables. Data are available by health region in CANSIM table 105-0502 http://www5.statcan.gc.ca/cansim/a05?id=1050502	8	60
Loneliness	42. Level of loneliness	Survey http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-surveys/main	12	64
Satisfaction with social relationships	43. Level of satisfaction with social relationships	Survey http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-surveys/main	12	64