

2021-2026

HAMILTON'S PLAN FOR AN AGE FRIENDLY COMMUNITY



Hamilton

HCoA
Hamilton Council On Aging

“Consistent with our commitment to social inclusion, we are pleased to be one of the first cities globally to specifically integrate a dementia-friendly approach into our age-friendly plan”

Dementia Friendly Communities treat people living with dementia with **LUVE**



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INTRODUCTION AND CONTEXT

A Message from the Co-Chairs and Past-Chair, Age-Friendly Hamilton Collaborative Governance Committee

We are pleased to present Hamilton's 2021-2026 Plan for an Age-Friendly community. This plan builds on the successes of Hamilton's first Age-Friendly Plan (2014-2019) while integrating lessons learned over the past five years. It also aligns with the strategic vision that Hamilton City Council adopted in 2014 - to be the best place to raise a child and to age successfully.

Although you will see familiar goals, principles and some ongoing actions reflected in the current plan, you will also see some noteworthy highlights. The 2021-2026 plan has been written through an equity and inclusion lens that recognizes and celebrates diversity in its many forms including age, race, ethnicity, gender, ability and sexual orientation. Consistent with our commitment to social inclusion, we are pleased to be one of the first cities globally to specifically integrate a dementia-friendly approach into our Age-friendly plan.

It must be acknowledged that the plan was prepared during the Coronavirus pandemic. No one will deny the challenges facing our society at this point in history and the subsequent need for flexibility, creativity and adaptive change. While social and economic disruptions bring hardship and societal upheaval, they also present opportunities for innovation and positive change. As a community, we encourage everyone to identify and build on these opportunities.



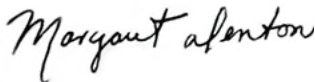
You will read about the implications of the pandemic on the goal areas and our recommendations. One particularly unsettling consequence of COVID-19 relates to technology: within our community there are inequities in digital literacy, access to supportive technology and the training and ongoing support needed to be more inclusive of all older adults. Those older adults who were able to use technology to connect with others during the pandemic may have experienced less social isolation. Given that technology will continue to play a pivotal role in how we stay connected to family, friends and our community for the foreseeable future, the plan addresses leveraging technology to support older adults.

Due to uncertainties regarding the impact of COVID-19 and the implications for long-range planning, the Age Friendly Governance Committee recommends a comprehensive review mid-way through the 2021-2026 plan. It is hoped that, by that point, we will have a clearer understanding of both the impact of the pandemic and potential solutions and can make any necessary modifications for the remaining years of the plan.

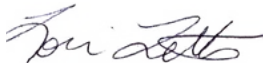
Finally, a comprehensive plan for an Age-friendly community does not come together without the support of and contributions from a wide range of people and organizations.

We would like to acknowledge and thank the members of the Age-Friendly Collaborative Governance Committee, the Empowering Dementia-Friendly Communities – Hamilton & Haldimand working group and our partners at the City of Hamilton, the Hamilton Council on Aging and the Seniors Advisory Committee, an advisory committee of Hamilton City Council, for their many contributions to the plan. In addition, we would like to extend a special thank you to everyone in our community who took the time to complete a survey and/or participate in a focus group. Your voices matter.

With our best wishes for an Age-Friendly Hamilton,



Margaret Denton
Chair (2014-2020), Age-Friendly Hamilton Collaborative Governance Committee



Lori Letts
Co-Chair, Age-Friendly Hamilton Collaborative Governance Committee



Julie Richardson
Co-Chair, Age-Friendly Hamilton Collaborative Governance Committee

A Portrait of Adults 55+ Living in Hamilton

“The gift of longer life is arguably the most consequential legacy of the past century. It is transforming all culture and politics and it is generating almost limitless potential for overall human development”.

Dr. Alexandre (Alex) Kalache¹ , President, International Longevity Centre Brazil (ILC-BR)



During the planning meetings, the Age-Friendly Hamilton Collaborative Governance committee tasked itself with answering the question “What is the profile of an older adult living in Hamilton?” The research conducted to answer this question revealed its complexity.

The reality is that there is enormous variability among adults 55+. Portraying one image or sharing one story of an older adult cannot begin to represent the diversity or to celebrate the uniqueness of older adults living in Hamilton.

One cannot realistically compare the interests, needs and preferences of a 55-year-old with someone who is 100. We would not expect to plan one program for ages 0-40 and, similarly, we would not want to do that for ages 55-100+.

What we can say, with certainty, is that we are living longer. As of July 2018, Canada had an estimated 9,968 individuals aged 100 and over (Statistics Canada 2018) and that trend will continue to grow.

Longevity is to be celebrated but it is important to do everything we can to ensure that those additional years are ones of meaning and purpose. As we plan for the next few years, it is important to recognize the changes that have occurred in Hamilton’s older adult population. Thank you to the Social Planning and Research Council (SPRC) for the background research² they conducted during the summer of 2020 for inclusion in the 2021-2026 plan.

The SPRC data demonstrate changes between the 2006 and 2016 census data and will help the community to plan accordingly. **Figure 1** illustrates the number of residents by older age groups in Hamilton communities according to the 2016 census. The table breaks down the growth in the number of adults 55+ by individual Hamilton communities. We expect these increases to continue, making it important that we take older adults into consideration when looking at all sectors of society.

¹ Dr. Kalache is the former Director (1994-2007) of the World Health Organization’s (WHO) global aging program at its Geneva headquarters. In 2006-2007, Dr. Kalache led a WHO global project to identify key components of an age-friendly city. The assessment tool that resulted from this work, the *Global Age-Friendly Cities: a Guide*, was released in 2007 on International Day of Older Persons (October 1st). The guide has endured as an important reference for planners and organizations around the world. Dr. Kalache is currently the President. International Longevity Centre Brazil (ILC-BR). In addition, he holds a number of appointments globally and continues to be a tireless advocate for the rights of older persons.

² The comprehensive SPRC Age Friendly Bulletin can be found on both the Hamilton Council on Aging website. <https://coahamilton.ca/> and the SPRC website. <http://www.sprc.hamilton.on.ca/>

Number of residents by older age groups, city of Hamilton communities, 2016 Census							
	Ancaster	Dundas	Flamborough	Glanbrook	Hamilton	Stoney Creek	City of Hamilton
55-64 years	5,780	3,745	6,160	3,220	44,595	9,810	73,310
65-74 years	3,710	3,120	4,040	2,935	29,005	6,755	49,565
75-84 years	1,830	1,730	1,590	1,595	16,850	3,305	26,900
85+ years	700	660	585	480	6,800	1,170	10,395
Total 55 years and older	12,020	9,255	12,375	8,230	97,250	21,040	160,170
% of total population in 2016	30%	38%	29%	28%	29%	30%	30%
% growth from 2006-2016	39%	20%	35%	69%	14%	33%	22%

Figure 1

There have also been increases in the percentage of older adults identifying as visible minorities, particularly among adults 75+. Again, the interests and needs of older adults identifying as visible minorities must be taken into account and they must be involved in making decisions that impact their lives as shown in **Figure 2**.

Percentage of older adults identifying with a visible minority group, city of Hamilton, 2006 and 2016 Census

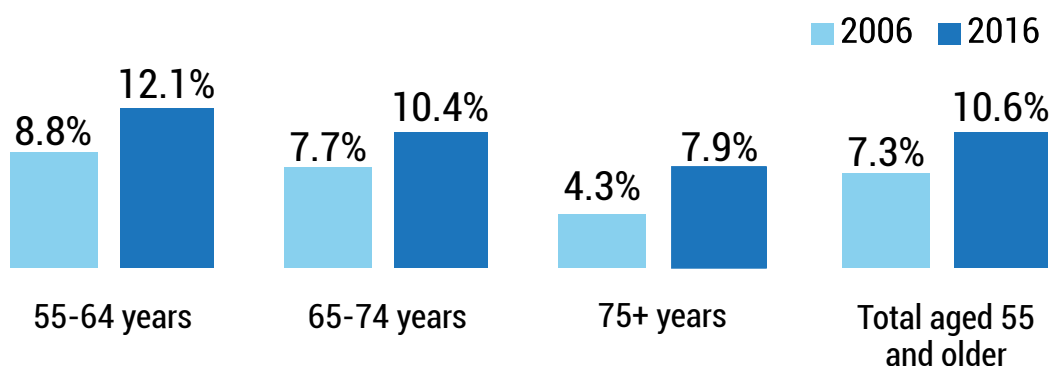


Figure 2

If we are to truly embrace inclusivity in our community, we must acknowledge and celebrate the diversity that enriches Hamilton. **Figure 3** compares the top non-English languages spoken at home by adults 65+ in Hamilton in 2006 and 2016. This information is important if we are to provide information about resources and services to older adults for whom English is not their first language.

Top non-English languages spoken at home by adults 65+ in 2006 and 2016		
Rank	2006	2016
1	Italian	Italian
2	Polish	Portuguese
3	Croatian	Croatian
4	Portuguese	Chinese languages (all dialects)
5	Chinese languages (all dialects)	Polish
6	Serbian	Serbian
7	German	Punjabi
8	Ukrainian	Spanish
9	Hungarian	Greek

Figure 3

The following Figure compares persons age 65-74 working between 2006-2016. What makes for a good quality later life? **Good health, social connections, financial security – work** contributes to all of these. Except for a slight decrease in one area (1%, in adults 65-74 working full-time), there were substantive increases in those who reported working in the previous year and those working mostly part-time. Societal trends of working longer and working part-time can be expected to continue and should be considered when planning age-friendly and inclusive work places.

Residents aged 65-74 who worked in the previous year, city of Hamilton, 2006 and 2016 Census

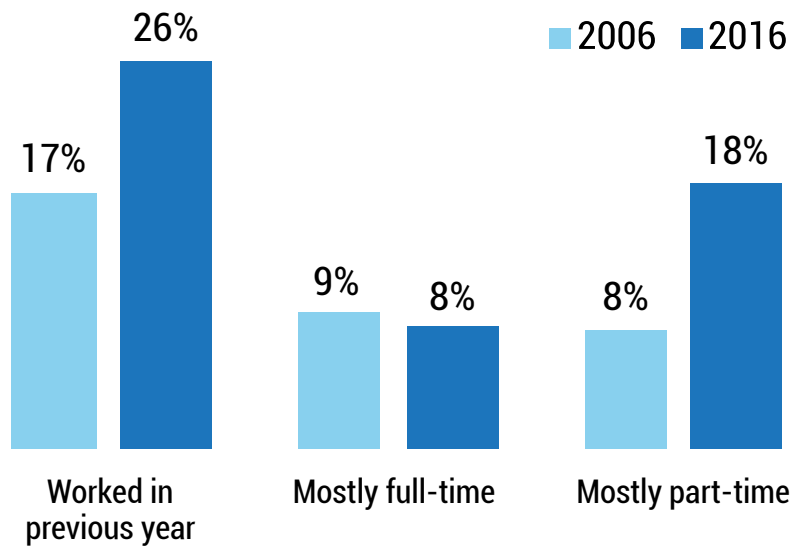


Figure 4

Figure 5 demonstrates a significant increase in individuals 65+ with Indigenous Ancestry. Moving forward, it will be important to work closely with individuals of Indigenous ancestry to ensure their representation and voices are reflected in decision making about things that potentially impact them.

Indigenous Ancestry, persons 65 and over, City of Hamilton

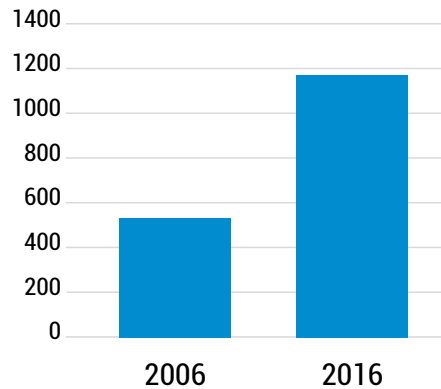


Figure 5

The best way to find out about a person’s health is to ask them! This is, in part, because one’s perception of their health status, physical or mental, is subjective. For example, what may seem problematic to an observer may, in fact, not be interpreted as a source of concern to an individual as much as another issue. Self-reporting provides a strong indication about what matters most to an individual.

When it comes to health, the perceptions of adults age 55-64 and those 65+ are interesting and consistent with the research literature. Of particular note is less perceived life stress and higher perceived mental health among adults 65+. These and other perceptions captured in **Figure 6** have important implications for service planning, needed resources and program delivery.

Selected health indicators, residents aged 50-64 and older, city of Hamilton, 2017-2018 Canadian Community Health Survey

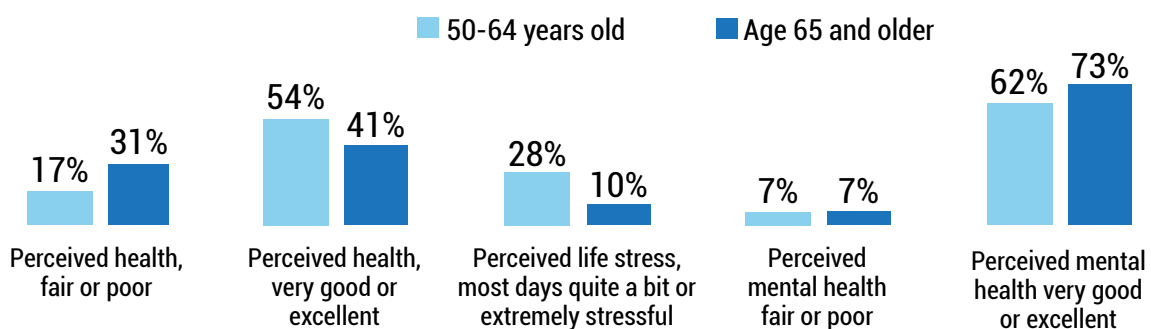


Figure 6

Figure 7a illustrates the overall number of adults 65+ in the Hamilton area and those adults 65+ who are living with dementia. Unlike the previous demographic information that was provided by SPRC, the data in 7a, b and c represent research conducted by Robert W Hopkins³.

Overall number of adults 65+ in the Hamilton area and those adults 65+ living with dementia		
Year	Area population 65+	Individuals living with dementia 65+
1	104,600	10,574
2	121,840	12,056
3	141,450	14,336

Figure 7a

In addition, in the **Figures below (7b and 7c)**, one can see the growth rate in dementia projections for 2010 – 2036 as well as the percentage increase over 2010. With these increases in mind, it is clear that, if we are to truly be an inclusive community, we must also plan for the needs and interests of adults living with dementia and their care partners. While our goal is to fully integrate older adults living with dementia into the fabric of our community, we also recognize that there will be instances where specific supports may be necessary.

Treating people equally does not always mean treating people the same.

Dementia Projections 2010 -2036

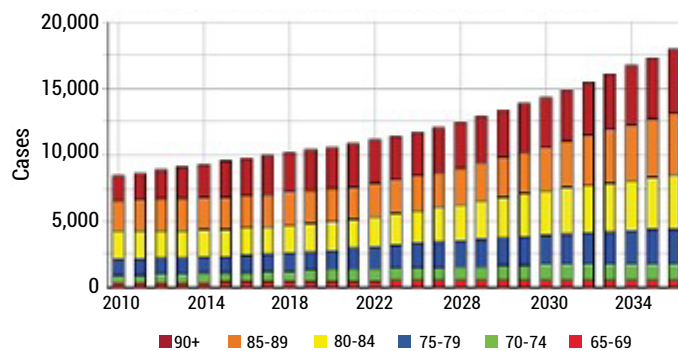


Figure 7b

Percentage Increase over 2010

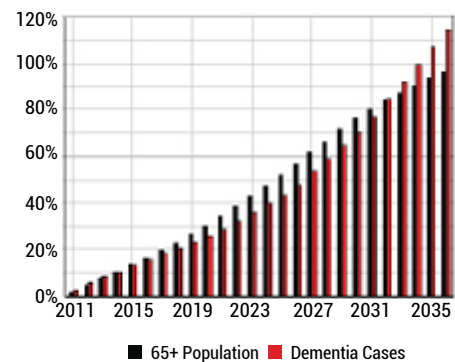


Figure 7c

³ Hopkins, Robert W. Geriatric Psychiatry Programme, Clinical/Research Bulletin Number 16. PCCC Mental Health Services. Kingston, Ontario, June 2010.

Age-Friendly Communities



The World Health Organization (WHO) developed its Age-Friendly Cities framework in 2006-07 in collaboration with a number of international organizations including the Public Health Agency of Canada (PHAC). The age-friendly cities concept is based on extensive research with older adults in 33 cities around the world, including four in Canada.⁴ The WHO framework describes the ways in which communities can create enabling environments that encourage ‘active aging’⁵ and identifies eight core age-friendly

features: housing, transportation, outdoor spaces and buildings, community support and health services, communication and information, civic participation and employment, respect and social inclusion and social participation.

Age-friendly’s global reach has grown considerably since its beginnings in 2008. The WHO Global Network for Age-Friendly Cities and Communities was established in 2010 and currently includes 100 cities and communities in 41 countries covering over 240 million people world-wide.⁶

Hamilton was the first city in Ontario to begin working on its plan and our age-friendly work continues to be guided by the WHO framework. In developing the first plan, the Hamilton Council on Aging partnered with the City of Hamilton and their Seniors Advisory Committee to develop Hamilton's Plan for an Age Friendly City 2014-2019. That plan focused on improving

Hamilton's age friendliness across seven goals, 25 objectives and 101 actions. By the end of March 2019, 81 actions were either completed or being implemented. The Age-Friendly Hamilton Community Progress Report may be viewed on the City of Hamilton and the Hamilton Council on Aging websites.



⁴ Saanich (BC), Portage la Prairie (MB), Sherbrooke (QC) and Halifax (NS)

⁵ Active aging refers to 'continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. From Ageing and Life Course: What is 'active ageing' retrieved November 10, 2013 from http://www.who.int/ageing/active_ageing/en/index.html

⁶ World Health Organization (WHO). About the Global Network for Age-friendly Cities and Communities. <https://extranet.who.int/agefriendlyworld/who-network/>

HAMILTON'S 2021-2026 AGE-FRIENDLY PLAN: THE PROCESS

As in 2014, the Hamilton Council on Aging (HCoA) the City of Hamilton and the Seniors Advisory Committee partnered to create and monitor implementation of the current age-friendly plan. These three partners participated, along with other stakeholders, on the Age-Friendly Collaborative Governance Committee as the committee guided the process of developing the plan.

The objective was to gain insight about the experiences, interests, needs and priorities of as many older adults as possible who live in Hamilton to inform the development and subsequent recommendations included in Hamilton's 2021-2026 Age-Friendly Plan. The perspective of service providers was also widely sought through both focus groups and individual consultations. Broad community consultation and engagement were key factors to understanding different perspectives about the experience of aging in Hamilton and to explore both issues and opportunities that have emerged during the last five years. A concerted effort was made to ensure that what we heard represented the diversity of Hamilton's older adult population. For purposes of this report, 'older adult' is used to represent adults 55+.

As aforementioned, the 2014-2019 plan had 101 recommendations and 25 goals. One of the lessons learned from this earlier plan is that while the plan was comprehensive, it was a challenge to track and monitor such a large number of recommendations. A community progress report published in

March 2019⁷ shared key achievements from 2014-2019. It should be noted that some of the 2014 recommendations and actions are ongoing and will continue to be addressed for the foreseeable future.

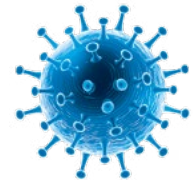
In creating the current plan, the governance committee made the decision to prepare a 'leaner' plan with fewer and broader recommendations. The 2021-2026 plan has 21 objectives and 61 recommendations. A complete account of challenges/gaps, proposed solutions and potential partners can be viewed in the What We Heard: Planning for Hamilton's Second Age Friendly Plan report (updated June 2020) which is available on the HCoA website (<https://coahamilton.ca/>) (*referred to as the 'What We Heard' report in this document). The recommendations in the plan have been consolidated from this report along with research findings and represent key areas that we believe are feasible and that will advance Hamilton's commitment to being an age-friendly and dementia-friendly community.

To develop the dementia friendly plan, the HCoA partnered with the Alzheimer Society of Brant, Haldimand Norfolk, Hamilton, Halton, the Regional Geriatric Program Central (RGPC), the Geriatric Education and Research in Aging Sciences (GERAS), and faculty and students from McMaster University to form a multi-sectorial project Steering Committee and a working group to guide the development and

implementation of the dementia friendly plan. The “Empowering Dementia Friendly Communities” Hamilton, Haldimand project⁸ rolled out a community engagement plan that worked with dementia champions to develop innovative virtual outreach and engagement strategies reflective of the diversity of each community. This included one-to-one interviews with 71 persons living with dementia and care partners and an on-

line survey to learn about their experiences, challenges and solutions to creating a dementia-friendly Hamilton and Haldimand. A comprehensive What We Heard report from the Empowering Dementia Friendly Communities project will be available on the HCoA website upon its completion. The Project has been funded by the Public Health Agency of Canada.

The Impact of COVID-19 on Age-Friendly Hamilton Planning & Next Steps ■



The work of community consultation and writing this Age-Friendly Hamilton Plan began in 2019 and continued in early 2020. The COVID-19 pandemic and associated community lock-downs resulted in delays in the community consultations and finalizing the plan. Importantly, COVID-19 has had and will continue to have significant implications in every one of the goal areas addressed in this plan. For example, the desire of seniors to age in place has strengthened in response to COVID-19, resulting in major implications for housing. Many community services (public transportation, social and health programs, community information services and events) have seen service reductions or modifications in response to the pandemic.

People have changed the ways in which they travel, communicate, and engage with one another in their communities. Each of our goal areas will need to be monitored as our city, province, country and world recover from the implications of COVID-19. Recommendations may need to be modified. The Age-Friendly Hamilton Collaborative Governance Committee is committed to revisit the 2021-2026 plan at the mid-way point of the plan, and at that point, necessary modifications for the remainder of the plan will be made to ensure that we are responsive to the changing circumstances for people aging in Hamilton.

⁷ Age Friendly Hamilton 2014-2019 Community Progress Report. Prepared by the City of Hamilton and the Hamilton Council on Aging.

⁸ Funder by the Public Health Agency of Canada

Community Engagement

Community consultation took place in all City of Hamilton wards. Focused outreach was provided to vulnerable and ethno-cultural communities and translation and interpretation services were provided upon request. Focus groups took place with the following diverse communities: Indigenous, Afro-Caribbean, Muslim, Jewish, Chinese, Spanish, LGBTQ2S+, Francophone, persons living with disabilities, and older adults living with a low-income. In addition, the perspectives of adults living with dementia and their care partners/families, as gathered through the *Dementia-Friendly Communities Investment Project's* community engagement process, have been integrated into the overall plan.

Initial community consultation for the plan took place from April to December 2019. A total of 4,100 citizens provided feedback about their experiences, challenges and

proposed solutions related to aging in Hamilton through the Age-Friendly Community launch event (300 participants); 27 focus groups (487 participants); individual surveys (516 completed online, 177 paper copies) 'fast' and 'quick' feedback collected at 12 community events/fairs (2,630 participants).

In addition to the aforementioned data collection methods, the Age-Friendly Hamilton Collaborative Governance Committee hosted two events: December 16, 2019 (51 participants) for community-based stakeholders and January 16, 2020 for City of Hamilton staff/leaders (26 participants), with the purpose of reviewing the barriers and opportunities suggested by older adults for each of the strategic goals and to begin the process of formulating recommendations for Hamilton's 2021-2026 Age-Friendly Plan.



Background Research

A representative list of select publications, resources and websites, including those from international sources, that served to inform and shape the 2021-2026 plan can be found in Appendix A. However, it is important to highlight two statistical reports that were prepared in Hamilton and that were instrumental in providing information for the current plan. These are the *Statistical Profile of Older Adults in Hamilton* (March 2019) and the *Aging in The City of Hamilton: An Assessment and Report on the Age-Friendliness of the City of Hamilton Using the CLSA Data* (2019). These reports can also be found on the HCoA website.

In addition to a wide range of input from focus groups, surveys and individual interviews, extensive research was conducted to explore both age-friendly and dementia-friendly approaches in other jurisdictions around the globe.

In particular, this background research focused on the ways in which other cities and countries designed dementia-friendly communities and whether they connected and/or integrated these approaches into their overall age-friendly initiatives. It is important, in terms of context, to note the following definitions of age-friendly and dementia-friendly communities:

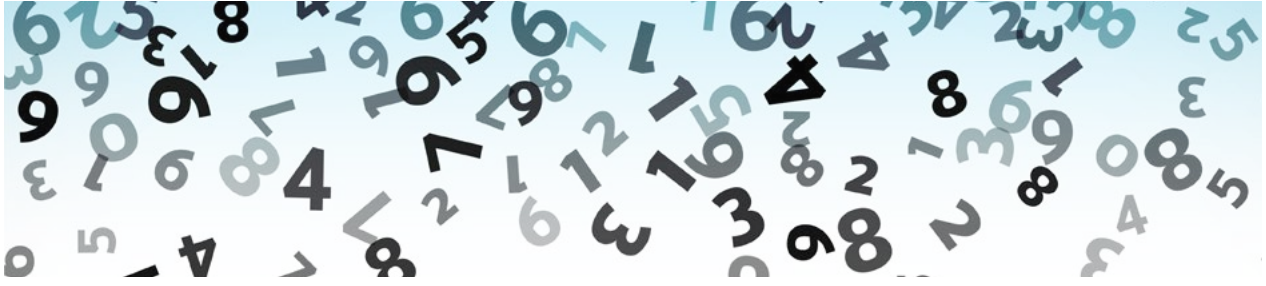
“BOTH EFFORTS AIM TO CREATE PLACES where older adults and people with dementia can stay active and independent for as long as possible

No single comprehensive definition of an age-friendly city exists, but the World Health Organization’s (WHO) commonly cited definition is a place that “encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age. In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities.”

The definition of a dementia-friendly community varies across initiatives, but common to all is an emphasis on the social dimensions of dementia over the medical. Alzheimer’s Disease International states that dementia-friendly communities, “not only seek to preserve the safety and wellbeing of those living with dementia, [but] also empower all members of the community to celebrate the capabilities of persons with dementia and view them as valuable and vital members of the towns, cities, villages and countries in which they reside.”

Age-friendly alone may overlook some of the specific needs of people living with dementia, while dementia friendly communities don’t consider the broader spectrum of needs among older adults as a whole.”⁹

9 Natalie Turner and Lydia Morken. Better Together: A Comparative Analysis of Age-Friendly and Dementia Friendly Communities. AARP International Affairs. Research Report. March, 2016.



Data collection for the 2021-2026 plan and the majority of the background research was completed by March 2020. Then, Coronavirus and the World Health Organization's declaration of a pandemic caused the world to 'press pause'.

Our response to the pandemic, as it relates to the data, was to ask individuals who had

been invited to participate in the December 2019 and January 2020 focus groups, as well as members of the Age-Friendly Hamilton Collaborative Governance Committee, to participate in virtual follow-up meetings, one for each of the seven strategic goals.

The purpose was to gain their perspectives for about the ways in which the pandemic had altered their thinking. The following questions guided these conversations:

1. How has the pandemic influenced your thinking about recommendations related to the goals?
2. Have you identified additional gaps, challenges and/or opportunities?
3. Can you suggest solutions?
4. Are there additional partners whom we should consider?

In addition to offering individuals an opportunity to revisit the goals in light of current and fluctuating realities, numerous conversations about the impact of the pandemic were held with individual thought leaders and age-friendly goal champions ¹⁰ throughout the summer of 2020.

Due to uncertainties related to the pandemic at the time of writing the plan, we recommend a complete and robust review and status update mid-way through the plan.

¹⁰ Hamilton's age-friendly goal champions are identified on the governance committee membership list in Appendix B.

VISION AND PRINCIPLES

Vision

The 2021-2026 plan builds on Hamilton's previous plan and, as a result, we have maintained a consistent vision for moving forward.

“Creating a more Age-Friendly Hamilton is a shared responsibility. It requires coordinated advocacy and planning commitments from all three levels of government, the private sector, the non-profit sectors and the community. In implementing this plan, Hamilton will become a better place for people to live, play, work, learn, raise a child and grow old when:

All residents of Hamilton are respected in community life regardless of age, ethnicity, race, gender, ability and background. Policy and planning engages residents, reflects diversity, fosters social connectivity and provides the opportunity for active living and aging in place. Social connectivity links people to each other, places and services thus advancing health and well-being, which increasing the city's social capital.”¹¹

The aspirations represented in the 2014 vision statement are as relevant today as they were five years ago and have guided deliberations for the current plan.



¹¹ Hamilton's Plan for an Age-Friendly City, Fall 2014

Principles

The seven principles that guided the consultation process and the development of Hamilton's first Age-Friendly Plan were instrumental in shaping the creation of this second plan.

While a few of the principles were slightly revised and updated, the most noteworthy change is the inclusion of a specific principle to reflect Hamilton's commitment to being a dementia-friendly community. Age-friendly and dementia-friendly approaches both strive to support older adults to remain independent in the community for as long as possible by creating enabling environments.

- 1. Creating supportive and enabling environments** where hospitality is practiced, and accessibility is the norm.
- 2. Optimizing opportunities for health, participation, security and life-long learning** across the life cycle. Health refers to physical, mental, social and spiritual well-being.
- 3. Equity, inclusion and respect;** recognizing the diversity of older adults including their wide range of interests, cultural practices, capacities and resources while reducing barriers to social connectivity that result from differences.
- 4. Building a dementia-friendly community** in which dementia-friendly environments, opportunities and supports for individuals living with dementia and their care partners are understood and fully integrated into the overall Age-Friendly Plan.
- 5.** An informed community that practices **accountability and transparency** while facilitating personal, social and system **connectivity**.
- 6. Community and neighbourhood** capacity building.
- 7. Effective public service,** delivered with integrity, that is adaptive, dynamic and uses an equity and inclusion lens and that is responsive to individual and collective needs as well as emerging opportunities while delivering value for money spent.
- 8. Community engagement,** where people have meaningful opportunities to have a say in designing services and influencing decisions that affect them.

STRATEGIC GOALS AND RECOMMENDATIONS

The 2021-2026 plan identifies seven interconnected goals that have been carried forward from the 2014-2019 plan with minor word changes. 'Getting Around Greater Hamilton' (2014 goal) has been separated into two goals – 'Transportation' and 'Outdoor Spaces'. The goal for outdoor spaces is new to the 2021-2026 plan.

Age-Friendly Public Service is no longer identified as a separate goal but elements of it are integrated across all the strategic goals. The goals form a framework for presenting recommendations related to each of the seven goals.

It is important to acknowledge the connections and interdependencies between the goals in order to break down silos and encourage continued collaboration. Adopting recommendations and implementing solutions is a shared cross-sectoral responsibility.



The role of technology

While not specifically one of the seven strategic goals, the role of technology – from telehealth and telemedicine, online banking and shopping, the use of iPads, cellphones, voice enabled Smart Homes and Artificial Intelligence to wearable technology such as personal alarm systems and fitness trackers – cannot be underestimated. The pandemic has highlighted inequities in access to, training and ongoing support for using supportive technology. It is crucial to address these digital gaps as we move forward.



GOAL 1

Housing



Everyone should have a place to live. People are supported in ways that make sense for their unique circumstances with a full range of housing options in their neighbourhoods

Safe and affordable housing is fundamental to our health and well-being and represents basic needs (physiological and safety needs¹²) upon which other needs are addressed and met. Increasingly, older adults want choice in types of housing and a broader range of options about where they live as they age. Most older adults want to age in place in their own homes and neighbourhoods.

In the report *A Statistical Profile of Older Adults (55+) in Hamilton (2019)*, 74% of adults 55+ said they own their own home and 26% are renters. However, the report notes that 30% of adults 55+ continue to live in inadequate, unsuitable or unaffordable housing, a reminder that we still have much more work to do in Hamilton to ensure a good standard of affordable housing for everyone.

The top three housing challenges identified in the focus groups convened to inform this report were:

- I. availability/limited options/keep couples together;
- II. affordability; and,
- III. accessibility.

In the individual surveys conducted for the report, 46.7% of the 670 respondents disagreed with the following statement *“There are enough affordable housing options for older adults and seniors in Hamilton”*.¹³

A trend we may want to monitor as Hamilton addresses housing options is data from the 2016 census that shows a major increase in the growth rate of multigenerational households. There has been a 37.5% increase in multigenerational households since 2001, with approximately 2.2 million people (6.3% of the Canadian population) living in private households that have at least three generations under one roof. We suggest tracking this in Hamilton to see whether the impact of several outcomes related to the pandemic results in this trend continuing. If so, there will be many factors to consider including the ways in which we design housing and our strategies for building complete neighbourhoods and communities.

¹² As described in Abraham Maslow’s hierarchy of needs.

Based on the data and our background research, the following objectives and recommendations related to the housing goal have been identified as key.

Objective: HOUSING 1 (H1):	
Ensure affordable, accessible and safe housing options for older adults.	
Recommendations	
H1.1	Review city policies and strategies to ensure a wide range of housing options and to enable homeowners to leverage their assets.
H1.2	Explore housing options such as Naturally Occurring Retirement Communities (NORCs), co-housing, multigenerational living, lease-for-life as well as social housing in new developments.
H1.3	Increase knowledge about and awareness of housing options, modifications, supportive programs and services through information hubs, publication of existing resources (online and in print) as well as ongoing education outreach events and workshops.
H1.4	Focus on building complete neighbourhoods with a diverse housing mix that includes an increase in the availability of affordable housing, an increase in rental units as well as the development and implementation of a Second Unit ¹⁴ housing strategy.
H1.5	Increase awareness within both public and private long-term care homes and in other housing initiatives of the needs and interests of diverse populations (e.g. ethno-cultural communities, LGBTQ2S+ older adults).
H1.6	Apply an age-friendly lens at the beginning of any future planning process to ensure that the housing, transportation, recreation and other needs and interests of older Hamiltonians are incorporated into a cohesive and complete plan.

¹³ Additional statistics and information can be found in the What We Heard report. Planning for Hamilton's Second Age Friendly Plan. A Summary Of 2019 Community Consultations for The Development of Hamilton's Age Friendly Plan, 2020-2025.

¹⁴ Second units are a market driven solution to the unmet demand for affordable housing. They can offer affordable housing choice within the existing housing stock in established communities to assist both owners and tenants.

Objective: HOUSING 2 (H2):

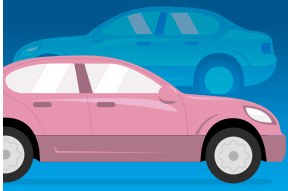
Increase supports to facilitate aging in place.

Recommendations

- | | |
|-------------|---|
| H2.1 | Increase awareness of financial supports to enable older adults to remain in their homes. |
| H2.2 | Design and implement a program that provides home owners with access to capital to renovate their homes. |
| H2.3 | Explore and implement programs to better serve vulnerable older adults, enabling them to remain in their housing of choice. |



GOAL 2 Transportation



The City's transportation systems, urban design and physical infrastructure enable people to participate in community life as they choose, as well as age in their community

Transportation is important for active aging, from enabling us to participate in social activities to being able to access health and other services.

The majority of the older adults who participated in the individual surveys that informed the June 2020 What We Heard report said that they use cars as their primary mode of transportation (78.2% of 693 respondents). Our cities have historically been designed for cars; statistics from the report *Aging in The City of Hamilton* (data referring to adults 45+) showed that 91% of all transportation in the previous year was by car with only 5% of transportation by transit.

The impact of the pandemic has significant implications for the transportation goal.

These include, among others:

- service impacts to HSR and ATS/DARTS transit, including modified schedules, seating/standing capacity limits on vehicles, and facility closures
- significant shifts in travel patterns, such as a possible increase of people working from home on a more permanent basis
- more people driving their own cars and/or driving them longer than they may have intended
- possible reduction in private citizens as volunteer drivers – e.g. using one's personal car to drive a friend/neighbour to medical appointments

These potential impacts will be monitored during the first years of the 2021-2026 Age-Friendly Plan and captured in the mid-way review.

Transportation objectives and recommendations for the 2021-2026 plan include the following:

Objective: TRANSPORTATION 1 (T1):

Provide driver training and other supports to enable older adults to continue to drive safely.

Recommendations

T1.1

Develop and offer driving workshops and refresher courses that include information about available driving aids (e.g. wider mirrors).

T1.2

Use a variety of information-sharing strategies to increase awareness about alternatives to owning a car, costs of driving and insurance and alternatives such as public transportation and taxis.



Objective: **TRANSPORTATION 2 (T2):**

Ensure a public transportation system that is affordable and accessible to everyone living within Hamilton’s geographic boundaries.

Recommendations

T2.1

Collaborate with the HSR, Accessible Transportation Services (ATS) and transportation planning as the HSR re-envision their plans for the future, including the customer experience, to be sure the needs of older adults are addressed.

T2.2

Provide wayfinding signage at bus stops, shelters and terminals that is readily accessible for all public transportation users including individuals living with dementia and cognitive impairments.

T2.3

Ensure improved public transportation options for people residing in areas under-served by the HSR but that are within the urban boundary.

T2.4

Ensure the accessibility, availability and affordability of transportation options outside the urban boundary, including rural areas of Hamilton.

T2.5

Ensure that public transportation is available in new areas of development.

Objective: **TRANSPORTATION 3 (T3):**

Implement measures to increase pedestrian safety.

Recommendations

T3.1

Improve the walkability/accessibility of public spaces and streets in the winter through snow removal from sidewalks, intersections, and transit stops, shelters and terminal locations.

GOAL 3

Information and Communication



Older adults have access to information and systems that are better connected, and are able to influence and design the type of information systems they need; customer service and way-finding are intentional and responsive to individual needs and capacities

While information and communication are fundamental to the other six goals, many older adults continue to be unsure about how to access information and knowledge related to social and community services.

In the results of the individual surveys that informed the June 2020 What We Heard report, 36.7% of 693 respondents indicated that the topics for which they would like more information are health and wellness. This was closely followed by housing options (36.2%). However, you can't access what you don't know about.

To learn about health information, housing options, recreation and leisure activities or just about any other service or resource, accurate and reliable information must be available, accessible and easy to find. Community information systems must be available in multiple formats to meet the diverse needs of older adults who may access information in print, online, via telephone, and on local television and radio stations. Increasingly, the Internet is used to communicate important information, often without acknowledging that not everyone has access to technology or the Internet. The Coronavirus pandemic has highlighted the inequities in digital literacy and in access to technology, an issue that must be addressed going forward.

Community information must also be available in the dominant languages spoken in Hamilton. The top five non-English languages spoken by those 65+ in 2016 were Italian, Portuguese, Croatian, Chinese languages (all dialects combined) and Polish.¹⁵

In addition, community information must be accessible by individuals who may be living with a cognitive impairment, vision and/or hearing challenges or who may have low literacy skills. We must keep the diverse needs, interests and preferences of all older individuals in mind when providing information.

It is with these considerations in mind that the following objectives and recommendations are presented.

Objective: INFORMATION AND COMMUNICATION 1 (C1):	
Increase and improve access to information for all older adults.	
Recommendations	
IC1.1	Design, implement and evaluate a public campaign to increase awareness about 211, the Red Book Community Information and the City of Hamilton website.
IC1.2	Improve customer service across all sectors to ensure that services are age-friendly and dementia-friendly.
IC1.3	Connect information portals with other existing portals (e.g. GERAS Caregiving Portal and guides [e.g. City of Hamilton Recreation Guide] to ensure a more cohesive and comprehensive flow of information).
IC1.4	Ensure that information is available in multiple formats and languages, including online and print (refer to the Accessibility for Ontarians with Disabilities Act – AODA - 2005) to ensure compliance with minimum requirements.
IC1.5	Provide affordable access to technology, initial training and ongoing support, as well as access to the Internet.
IC1.6	Provide reliable and consistent Internet service to everyone living within Hamilton’s geographical boundaries.

¹⁵ Social Planning and Research Council of Hamilton, July 2020

Objective: INFORMATION AND COMMUNICATION 2 (IC2):

Review City of Hamilton website to make sure that it is user friendly, easy to access and navigate.

Recommendations

IC2.1 Review the City of Hamilton website to ensure that information for older adults is up to date and easy to find.

IC2.2 Establish a process to periodically review and update the website content.

Objective: INFORMATION AND COMMUNICATION 3 (IC3):

Provide training to staff in the public, not-for-profit, profit and private sectors to ensure they have up-to-date information about services designed for isolated and/or vulnerable older adults in Hamilton.

Recommendations

IC3.1 Explore innovative ways to deliver information in multiple formats to older adults, such as by adding inserts to City mailings such as tax and utility bills.

IC3.2 Ensure print and digital information is AODA compliant so as not to exclude older adults who may be living with physical impairments, vision impairments, hearing impairments and/or cognitive impairments.

IC3.3 Create awareness and provide education and ongoing training for municipal staff, community organizations, private businesses and the corporate sector about how to communicate with individuals living with dementia and their families.

GOAL 4

Health and Community Services



Older adults have access to a wide range of supports and services that allow them to remain in their homes and attend to their health and personal needs. Aging in community is eased by good urban design, appropriate housing, and the support of family and community

In the report *Aging in the City of Hamilton*, 90% of the adults reported good, very good or excellent health including physical, mental and healthy aging. At the same time, statistics from *A Statistical Profile of Older Adults (55+) in Hamilton* showed that 43% of those 65+ were living with a chronic health condition (e.g. diabetes); 10% were living with an impairment such as vision or hearing and 20% were at risk of clinical depression.

The World Health Organization (WHO) defines Healthy Ageing¹⁶ “as the process of developing and maintaining the functional ability that enables wellbeing in older age”. Functional ability includes a person’s ability to i. meet their basic needs. ii. to learn, grow and make decisions; iii. to be mobile; iv. to build and maintain relationships and iv. to contribute to society.¹⁷ Healthy Ageing is the focus of the WHO’s work on aging between 2015 – 2030 and replaces their previous *Active ageing: a policy framework* that was developed in 2002.

In Hamilton, we strive to ensure that the opportunity for healthy aging is something to which all older adults can aspire. Optimal health and access to community services is fundamental to our overall well being, the goal being to maintain good health and functional ability for as long as possible.

In the individual survey results that helped to shape the plan, of the 626 respondents who ranked health and well-being priority areas, their top three priorities included:

- I. older adult health conditions such as Alzheimer’s, dementia, arthritis and cataracts;
- II. availability of long-term care and respite care; and,
- III. availability of family physicians, dentists, optometrists, specialized cares such as physiotherapy and visiting nurses.

¹⁶ Ageing is spelled with an ‘e’ whenever it is spelled that way in a resource referenced in this plan. Otherwise, you will see it spelled without the ‘e’.

¹⁷ World Health Organization. <https://www.who.int/ageing/healthy-ageing/en/>

Information from the surveys, focus groups and community stakeholders contributed to the objectives and recommendations for the health and community services goal.

Objective: HEALTH AND COMMUNITY SERVICES 1 (HCS1):	
Ensure accessibility to services that addresses the diversity of needs of older adults while reducing barriers such as language, culture, affordability and transportation.	
Recommendations	
HCS1.1	Encourage greater collaboration in the healthcare and community services sectors by creating a way to bring cultural groups, faith-based groups and others together.
HCS1.2	Seek solutions to systemic issues that impact accessibility to health and/or community service – e.g. siloed funding, insufficient supports to help people to remain in their homes, shortage of Personal Support Workers.

Objective: HEALTH AND COMMUNITY SERVICES 2 (HCS2):	
Increase awareness of available health and community programs and services.	
Recommendations	
HCS2.1	Review the ways in which information is communicated (*see goal #3) and seek innovative ways to respond to both information gaps and the challenges involved in navigating multiple programs.
HCS2.2	Address healthcare barriers such as continuity of care, long appointment wait times and, with the increase in telehealth and telemedicine, the additional challenges faced by those for whom technology is a barrier.
HCS2.3	Empower older adults with tools to be their own advocates when it comes to what they need and want from healthcare and/or community services.

GOAL 5

Social Participation: Recreation, Learning, Arts and Culture



Social engagement opportunities are welcoming and reflect the diverse interests and preferences of older adults in the community, and are available in a variety of formats

ONE CANNOT OVERESTIMATE THE IMPORTANCE OF SOCIAL CONNECTIONS IN OUR LIVES. The pandemic has highlighted the negative and measurable impacts on our health and well-being that emerged as months of being apart from family and friends were necessary public health measures.

The value of social participation and the need to support social inclusion is as important as ever. In fact, the pandemic has brought this need into even greater focus, especially for older adults many of whom, even prior to the pandemic, experienced loneliness and social isolation at a disproportionately high rate.

For information about the Hamilton Social Isolation Impact Plan (HSIIP), we invite you to visit the **Hamilton Council on Aging's website** <https://coahamilton.ca/>

Once there, click on 'Our Priorities' in the top menu bar and then, in the drop-down menu, click on 'Social Inclusion Matters'.

As Dr. Turpie advises, stay engaged!



DR. IRENE TURPIE

A geriatrician whose love and respect for older adults, enables her to advocate for the perspectives of seniors to be heard throughout the health care system and beyond

"Age should never prevent anyone from doing anything and it is very important to stay engaged."

Opportunities for social participation and connecting with others are critical for our physical, mental and emotional well-being. It is important for us to reframe our approach from a focus on social isolation to one that emphasizes social inclusion for all older adults.

In the report Aging in the City of Hamilton, most older adults indicated that they participate in social activities. The activities most frequently reported included

- I. visiting with family and friends (67%);
- II. sports and physical activities (67%); and,
- III. educational and cultural activities (48%).

For a more complete picture, it is important to note that 10% said that they participated in one to no activities. The top three challenges to social participation, as reported in the focus groups that shaped the Age-Friendly Plan were transportation, availability and affordability.

The following recommendations are written with the awareness that participating in social and recreational activities may continue to be conducted in a virtual environment, as least in part, for the foreseeable future. The pandemic has further highlighted the need and desire for social connections and we must be prepared to explore innovative ways to foster these opportunities.

Objective:	SOCIAL PARTICIPATION 1 (SP1):
Maximize use of available resources and spaces to increase program opportunities.	
Recommendations	
SP1.1	Explore opportunities to offer older adult programs in alternative community settings (e.g. recreation centres, legions, halls, churches), at underutilized times of day and with a variety of community and private sector organizations.
SP1.2	Identify opportunities for collaboration, learning and expansion of virtual programming and digital literacy.

Objective: SOCIAL PARTICIPATION 2 (SP2):

Improve access to recreation and leisure activities that are inclusive and accessible for all.

Recommendations

- SP2.1** Promote the integration and inclusion of older adults living with dementia in the everyday activities offered in our community.
- SP2.2** Foster opportunities for older adults living with chronic health conditions, vision and hearing loss and/or mental health challenges to participate in community programs.
- SP2.3** Create general education modules focused on the benefits of social participation as it relates to health and wellness as well as ways to include all older adults.
- SP2.4** Ensure culturally-appropriate programming (e.g. Indigenous crafts, intergenerational story-telling, etc.) as well as culturally-safe places for social interaction and programming, that is in alignment with the Urban Indigenous Strategy.

Objective: SOCIAL PARTICIPATION 3 (SP3):

Develop partnerships with a variety of transportation services to increase access to programs.

Recommendations

- SP3.1** Develop partnerships with various transportation service providers to enable participation in programs.
- SP3.2** Reduce transportation barriers by creating local hubs that offer programs closer to where older adults live.

Objective: SOCIAL PARTICIPATION 4 (SP4):

Increase awareness about available programs with both older adults and service providers.

Recommendations

SP4.1 Update, on an ongoing basis, profiles of older adults in Hamilton to share information about geographic location, needs and availability.

SP4.2 Foster alternative and creative means to communicate opportunities about social participation to ensure that more older adults are aware of programs offered.

Objective: SOCIAL PARTICIPATION 5 (SP5):

Offer programs that are affordable for all older adults.

Recommendations

SP5.1 Provide opportunities for financial assistance/fee reduction for older adults who may require this assistance.

SP5.2 Use creative approaches to maximize existing spaces and ways for older adults to use one pass to participate in a cross-section of programs to enhance affordability.

Objective: SOCIAL PARTICIPATION 6 (SP6):

Recognizing that not all social participation involves a formal program, ensure there is a strong emphasis on developing social networks within neighbourhoods.

Recommendations

SP6.1 Encourage social inclusion, multigenerational relationships and strengthen informal networks by supporting one another in neighbourhoods.

SP6.2 Build on Hamilton's "Do You Know Your Neighbour?" awareness campaign to create a mentorship/knowledge sharing program that is accessible to both younger and older adults.

GOAL 6

Civic Engagement, Volunteerism and Employment



Hamilton's vibrant civic life includes meaningful roles for older adults as leaders, influencers, employees and volunteers

Good health, social connections and financial security all impact our overall quality of life. Civic engagement, volunteering and paid employment can bring meaning into our lives and can positively impact our health status. In the report *Aging in the City of Hamilton* (data refers to adults 45+), 72% reported a strong sense of community.

The nature of work (both paid and unpaid work) is fundamentally changing. Some of the changes we are experiencing include:

- the abolition of mandatory retirement, an increase in the gig economy and precarious employment
- the desire and/or need to continue working
- new communication tools for disseminating information, including a greater use of social media
- some occupations on the decline as a result of new technologies and automation replacing repetitive jobs
- an increasing need for technological skills
- more people working remotely.

While these shifting realities were trending well before the pandemic, many of these changes have been brought into sharper focus during the pandemic. While it is premature to make solid predictions about the future, we can reasonably assume that the impact of the pandemic on factors related to Goal #6 will be far reaching and long lasting.

The top employment challenge that was identified in the focus groups and that must be named here is ageism. The arrival of COVID-19 no doubt exacerbated and brought ageist attitudes and perceptions that were already deeply embedded in society to the fore. It is something we must keep in mind in our commitment to being an age-friendly community.

At the International Federation on Ageing (IFA) global conference convened in Toronto, 2018, Dr. John Beard, former Director, Ageing and Life Course at the World Health Organization, Geneva, Switzerland stated that,

“Nothing is possible unless we address ageism. It is pernicious and pervasive. It frames the way we ask questions and the way we conduct research”

If we choose to, we can harness this opportunity to change the ageism narrative by emphasizing the resilience, resourcefulness and contributions of countless older adults before and during the pandemic.

Research shows that older workers and volunteers offer experience, strong work ethic, less absenteeism and are less likely to frequently change jobs. One fact is that, when it comes to technology entrepreneurs, adults 65+ are 2.9 times more likely than someone 25 to start a successful tech start up¹⁸. We need to dispel the ageist myth that older adults aren't tech savvy. People of all ages can be skilled with technology.

With COVID-19, it is possible that some older adults will be hesitant to volunteer. At the same time, as a result of a number of ramifications related to the pandemic, organizations themselves may be reluctant to include older adult volunteers. In view of this, virtual volunteering may be a viable option. A number of older adult volunteers have stepped out of their comfort zone to begin virtual volunteering during the pandemic. COVID-19 has accelerated technology adoption and the implications for recruitment, training and ongoing support for volunteers working in virtual environments is something we may want to consider.

Objective:	ENGAGEMENT, VOLUNTEERISM AND EMPLOYMENT (CEVE1):
Reduce ageism in both employment and in volunteerism.	
Recommendations	
CEVE1.1	Design, launch and evaluate a campaign to reduce ageist hiring practices, increase retention of older workers and assist older workers with job seeking strategies.
CEVE1.2	Expand intergenerational knowledge transfer and information-sharing by bringing younger and older people together for reciprocal mentorship/coaching.
CEVE1.3	Create resources and guidelines for businesses and other organizations that recognize and value the contributions and expertise that older adults bring to volunteer opportunities.

Objective: **ENGAGEMENT, VOLUNTEERISM AND EMPLOYMENT (CEVE2):**

Create a framework, guidelines and training to ensure age-friendly and inclusive workplaces.

Recommendations

CEVE2.1

Design a sign/decal for businesses to message that all are welcome as one way to reduce stigma and unnecessarily labeling of older adults living with, among others, dementia/cognitive impairment, physically challenging conditions.

CEVE2.2

Design and implement Age Friendly Employer Programs that support and enable older workers to participate in employment.

CEVE2.3

Foster greater collaboration between the public, not-for-profit and private sectors.

Objective: **ENGAGEMENT, VOLUNTEERISM AND EMPLOYMENT (CEVE3):**

Create communication strategies to more effectively educate and market volunteer opportunities to both community organizations and older adults.

Recommendations

CEVE3.1

Offer workshops and/or webinars to educate agencies about the benefits and challenges inherent in recruiting and supporting older volunteers.

CEVE3.2

Utilize existing networks, established groups and platforms (e.g. phone calls, newspapers) to market volunteer opportunities to older adults while reaching out to new markets for greater impact.

CEVE3.3

Leverage technology to take advantage of electronic platforms for information sharing.

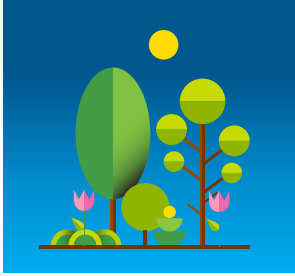
CEVE3.4

Investigate opportunities and challenges associated with recruiting, training and supporting older volunteers.

¹⁸ Frank Elavsky Research Computing

GOAL 7

Outdoor Spaces and Buildings



Outdoor and green spaces are welcoming and well-maintained, include sufficient seating and are accessible for people of all ages and abilities. They are designed with pedestrian safety, cycling and walkability in mind

Access to safe, accessible and welcoming outdoor spaces for all older adults can have a positive impact on health and well-being. Ninety-six per cent of respondents referenced in the report *Aging in the City of Hamilton* indicated that they thought that outdoor environments are kept clean and 91% felt that the city is safe after dark. Seventy per cent of respondents said that they walk outside more than three times a week but 30% walk two or fewer days outside.

A walk outside does more than just contribute to our physical health. It also contributes to our mental and emotional well-being. Hamilton is fortunate to have many natural green spaces as well as access to water. Providing welcoming and safe outdoor spaces must also include attention to buildings and amenities that support the use of these spaces.

The pandemic saw a decrease in use of public transportation and a surge in bicycles as an alternate form of transportation for both work and recreation. This is a trend that may be ongoing. As a result, the City of Hamilton is improving its existing bikes lanes with bumpers, curbs and barriers to safely distance cyclists from vehicle traffic.



Objective: **OUTDOOR SPACES AND BUILDINGS (OSB1):**

Provide safe trails and sidewalks for walkers and cyclists of all ages and abilities.

Recommendations

OSB1.1 Provide sufficient seating and shelters.

OSB1.2 Provide directional signage and space use guidelines that have large graphics and symbols in clear colour contrast to the background, are easy to read and situated in high visibility areas.

OSB1.3 Ensure that sidewalks, bicycle paths and trails are accessible for individuals with mobility challenges.

Objective: **OUTDOOR SPACES AND BUILDINGS (OSB2):**

Ensure that the buildings located in public spaces are safe, inclusive, accessible and well maintained.

Recommendations

OSB2.1 Provide safe, clean, accessible and well-maintained public washrooms, including gender-neutral washrooms.



NEXT STEPS AND AN INVITATION

The 2021-2026 plan describes objectives and recommendations for each of the seven strategic goals. It also provides context for each of these goals, identifying factors that will be important to consider when operationalizing the plan.

The next step is to create a comprehensive implementation plan that includes tracking and monitoring tools as well as a process for a mid-way review. The review and report should be widely distributed to the community at large.

The governance committee acknowledges and thanks the many partners and other stakeholders who contributed to implementing the 2014-2019 plan. Committee members look forward to ongoing collaboration with current partners as well as to working with new ones.

While the 2021-2026 plan does not recommend specific partners and/or stakeholders, it is important to acknowledge that we are part of a larger system. We recognize that there will be organizations in the not-for-profit, private and public sectors as well as individual citizens who have much to contribute to the recommended actions.

An invitation to contribute to suggested actions and to collaborate with other partners and/or stakeholders will be included in the implementation plan. This invitation should be extended across sectors including healthcare, social services, businesses and post-secondary education.



APPENDICES

Appendix A: A select list of publications and websites that informed Hamilton's Age-Friendly Plan

Hamilton publications

1. *What We Heard: Planning for Hamilton's Second Age Friendly Plan: A Summary of 2019 Community Consultations for The Development of Hamilton's Age Friendly Plan, 2020-2025* (Updated, June 12, 2020)
2. *A Statistical Profile of Older Adults in Hamilton*. March 2019
3. *Age Friendly Hamilton 2017 Community Progress Report*
4. *Hamilton's Plan for an Age-Friendly City*. Fall 2014
5. *Vital Signs: Seniors in Hamilton. A Vital Signs Update*. Spring 2019.
6. *Aging in the City of Hamilton* – a summary report on the age-friendliness of Hamilton using the Canadian Longitudinal Study on Aging (CLSA) data.
7. *Hamilton's Social Landscape Bulletin* (Issue 20). Census Quick Facts: Older Adults. Social Planning and Research Council. October 2020

Other Canada

8. *Age Friendly London Action Plan*. 2017-2020
9. *Oshawa Age-Friendly Strategy*. 2019
10. *Public Engagement Feedback Report in Preparation for the Older Adult Plan 2019 2022* (Ottawa, May 2019 document)
11. *Dementia Friendly Plan Tweed, Ontario*
12. *Dementia-Friendly Community Action Plan, City of Richmond, British Columbia* (adopted September 2019)
13. *Dementia Friendly Plan Qualicum Beach, Vancouver Island, British Columbia International*
14. *Tai Po China Dementia Care Link*, established on June 1, 2017
15. *Cork (Ireland) Age Friendly City Strategy 2016-2020*

16. *Isle of Wight, United Kingdom – Age Friendly Island*
<http://agefriendlyisland.org>
17. *Age-Friendly Leeds, United Kingdom*
18. *AARP Livable Communities: Better Together: A Comparative Analysis Age-Friendly and Dementia-Friendly*
19. *Dementia Friendly America – www.dfamerica.org*
20. *Dementia Friendly Communities, Australia. www.dementiafriendly.org.au*
21. *Age Friendly Brooklyn report*
22. *Massachusetts Age- and Dementia Friendly Integration Toolkit. Resources for integrating age- and dementia friendly activities in your community. August 1, 2019.*
23. *Aging and Health Technology Watch: Industry Market Trends, Research and Analysis.*
<https://www.ageinplacetech.com/>
24. *World Health Organization. Decade of Health Aging. 2020-2025*
<https://www.who.int/ageing/decade-of-healthy-ageing>



Appendix B: Age-Friendly Collaborative Governance Current and Past Committee Members and Goal Champions

We would like to acknowledge and express our deepest appreciation and thanks to former committee members and Hamilton Council on Aging staff who have contributed so much to the development of the 2021-2026 Age-Friendly Plan. Their work, experience and guidance helped to shape the plan.

Former Committee Members

Shelagh Kiely – Project Coordinator, Hamilton Council on Aging

Anne Pizzacalla – Hamilton Council on Aging

Sharon MacKinnon – Public Health Nurse, Public Health Services, Healthy and Safe Communities Department, City of Hamilton (Goal #2 champion, Transportation)

Elizabeth Conti – Public Health Nurse, Public Health Services, Healthy and Safe Communities Department, City of Hamilton (Goal #4 champion, Health and Community Services)

Vicki Woodcox – Senior Administrator (past), Macassa and Wentworth Lodges, Healthy and Safe Communities Department, City of Hamilton

Marjorie Walker – Senior Project Manager, Housing Service Division, Healthy and Safe Communities Department, City of Hamilton

Don Jaffray – Executive Director (past), Social Planning and Research Council

Pauline Kajura – Executive Director (past), Information Hamilton

Current Committee Members, 2020

Lori Letts, Co-Chair – Hamilton Council on Aging

Julie Richardson, Co-Chair – Hamilton Council on Aging

Margaret Denton, Chair, 2014-2020–Hamilton Council on Aging

Lisa Maychak – Project Manager, Age Friendly City, Children’s Services and Neighbourhood Development Division, Healthy and Safe Communities Department, City of Hamilton

Jessica Chase – Manager of Community Strategies, Children’s Services and Neighbourhood Development Division, Healthy and Safe Communities Department, City of Hamilton

Kim Martin – Executive Director, Social Planning and Research Council

Ann Elliott – Hamilton Seniors Advisory Committee

Penelope Petrie – Hamilton Seniors Advisory Committee

James O'Brien – Senior Project Manager, Housing Services Division, Healthy and Safe Communities Department, City of Hamilton (Goal #1 champion, Housing)

Jay Adams – Senior Project Manager, Transit Division- Customer Service and Innovation, Public Works Department, City of Hamilton (Goal #2 champion, Transportation)

Jeanne Mayo – Hamilton Seniors Advisory Committee (Goal #2 champion, Transportation)

Kimberley Silk – Hamilton Public Library (Goal #3 champion, Information and Communication)

Eleanor Morton – Manager of Seniors Services, Recreation Division, Healthy and Safe Communities Department, City of Hamilton (Goal #5 champion, Social Participation)

Laura Kerr – Manager of Program Development, Recreation Division, Healthy and Safe Communities Department, City of Hamilton (Goal #5 champion, Social Participation)

Amelia Steinbring – Executive Director, Flamborough Connects (Goal #6 champion, Civic engagement, Volunteerism and Employment)

Pat Spadafora – Hamilton Council on Aging

Tracy Gibbs – Project Manager, Empowering Dementia Friendly Communities Hamilton & Haldimand



For additional information about Hamilton's Plan for an Age-Friendly Community, please contact

agefriendly@hamiltoncoa.com
or visit www.coahamilton.ca
or www.hamilton.ca/agefriendly



www.coahamilton.ca

“An authentic age-friendly vision can only be generated and sustained by the widest possible ownership of it”

Dr. Alex Kalache, President, ILC-Brazil



www.hamilton.ca/agefriendly



www.coahamilton.ca