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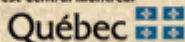
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AGING AND LIVING ENVIRONMENTS

INDIVIDUAL STRATEGIES AND PUBLIC INTERVENTIONS



Integrated Health
and Social Services
University Network
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Pluralages is published by the Centre for Research and Expertise in Social Gerontology (CREGÉS) of the CIUSSS West-Central Montreal, which has two university designations in the health and social services sector, including that of university affiliated centre in social gerontology. This magazine aims to inform the public and raise awareness around social issues associated with aging by, among other things, presenting the research initiatives and expertise of CREGÉS members through thematic and post-conference issues. Pluralages also aims to promote and foster ties between communities involved in research, teaching, intervention and advocacy on issues important to seniors. Issues related to aging are presented through the lens of social gerontology and include topics such as the heterogeneity of aging, the social and public recognition of seniors, experiences of social exclusion as well as solidarity, political concerns, the strategic directions of the State, and public policy in response to the aging population and its needs. Pluralages is published in French and English, in print and electronic versions. The authors are entirely responsible for the articles published herein; the CIUSSS Board of Directors and management may not be held liable for their content. The articles may be reproduced, provided the source is mentioned.

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In June 2013, the Fonds de Recherche du Québec – Société et culture, along with ten partners,¹ launched a call for proposals for a concerted actions program around Quebec’s aging population and related health and socioeconomic issues. The objective of this call for proposals was to support and build knowledge on Quebec’s aging population by identifying new avenues for action and intervention, and by forging partnerships between the academic milieu and networks and organizations serving older adults. The 2012 policy *Vieillir et vivre ensemble – Chez soi, dans sa communauté, au Québec* (Aging and Living Together: At Home, in One’s Community, in Québec) set out guidelines for intervention strategies related to aging, notably: recognize and promote the participation of older adults in their community; promote their health, prevent a loss of autonomy, and improve their quality of life; create healthy, safe and welcoming environments in communities; and support vulnerable older adults and their caregivers. These guidelines, as well as the content of discussions at the Forum d’orientation de la recherche sur le vieillissement de la population Québécoise,² held in October 2011 and attended by researchers, decision-makers and practitioners, laid the foundation for three research axes prioritized by the FRQSC and its partners in this concerted actions program. These are: 1) better define the characteristics of Quebec’s older adults; 2) determine, in a context of aging, the service needs of the Quebec population; and 3) better understand issues related to urban planning and living environments in the context of the aging of the Quebec population.

One of the objectives of these concerted actions is to disseminate information about research results outside of scientific communities. This issue of *Pluralages* meets this objective, since it is designed to share knowledge from various studies funded through this program. Out of the six funded research projects, three fall under axes 2 and 3. They have a more local analytical focus and involve the active participation of older adults. They also cover various spatial scales, ranging from cities to neighbourhoods and residential areas. The results of these three projects are presented in this issue of *Pluralages*:

- **Des besoins aux ressources: diversité des milieux et des stratégies déployées par les personnes âgées**³ (Research team: Anne-Marie Séguin, Éric Gagnon, Philippe Apparicio, Bernadette Dallaire, Andrée Sévigny, André Tourigny and Isabelle Van Pevenage)
- **Vieillir en ville moyenne ou en région métropolitaine. Quel rôle pour l'aménagement urbain?**⁴ (Research team: Paula Negron-Poblete and Sébastien Lord)
- **Reprendre confiance et mieux participer dans sa communauté: évaluation multi-sites du programme Vivre en Équilibre**⁵ (Research team: Johanne Filiatrault, Johanne Desrosiers, Lise Gauvin, Sophie Laforest, Mélanie Levasseur, Paula Negron-Poblete and Lucie Richard)

The first two articles present the results of the project **Des besoins aux ressources: diversité des milieux et des stratégies déployées par les personnes âgées**. This study analyzes older adults' met and unmet needs (as defined by them), which influence their ability (or inability) to remain in the dwelling of their choice. The study also aims to show how older adults mobilize their networks and resources, and describes the strategies they use to meet their needs. The first article—"Needs and strategies of older adults with disabilities who live alone and want to stay in their homes"—looks more specifically at the strategies certain individuals use to avoid having to move. The focus is on their ability to implement solutions and show resourcefulness in coping with the challenges they face. The article also highlights the resilience of older adults while noting that their ability to meet their needs is often precarious. We also see that older adults are apprehensive about changes in their support network or health that might force them to leave their home. They also wonder whether public and community organizations will have sufficient

capacity to support them when these changes occur. The second article—"Living alone at home: the importance of supports"—examines support networks (family, friends, neighbours, etc.), which are a key factor in allowing older adults to continue living in their homes. In a context in which we are anticipating aging-related changes, both in terms of older adults' needs and the makeup of their support networks, the researchers underline the importance of not taking these networks for granted, and call on the State to get more involved. They also call on governments to provide adequate financial support to local community organizations that help older adults stay in their homes.

The next two articles present the results of the project **Vieillir en ville moyenne ou en région métropolitaine. Quel rôle pour l'aménagement urbain?** This study looks at how older adults experience a sense of home in diverse urban environments in six regions in Quebec (Outaouais, Lanaudière, Laurentides, Montreal, Laval, and Mauricie). More specifically, it focuses on low-density areas such as the suburbs of metropolitan areas and mid-size cities. The project also looks at how the physical characteristics of the environments in which older adults live can affect their experience of aging, especially in terms of daily mobility. The first of these two articles—"The seniors' residence option: What are the challenges of creating a new home?"—examines how older adults create a new sense of home when they move to a seniors' residence. Even though moving to a seniors' residence can be seen as a strategy that allows them to continue living in their community, there are sacrifices involved. However, this new community can also give older adults the opportunity to expand their social network, facilitating the creation of a new sense of home. The second article on this study—"Facilitating walking for older adults living in suburban areas or mid-sized cities in Quebec: an urban planning challenge"—analyzes the walkability of areas with a significant propor- ➤

tion of older residents. Combining data collected through an environmental audit, as well as transcripts of discussions held in focus groups made up of older adults, the authors show how cities are more focused on safety features than on elements creating an attractive walking environment. Using the city of Saint-Eustache as an example, the authors make concrete urban planning recommendations in order to improve the walkability of two sectors with an aging population.

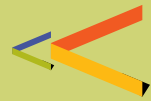
Two following articles present the results of the **Vivre en Équilibre** (Living in Balance) project, an innovative program for older adults who are afraid of falling. This study evaluates the effects of the *Vivre en Équilibre* fall prevention program. The participants in the program were older adults living in retirement homes in Montreal, Sherbrooke and Trois-Rivières. The first of the two articles—“*Vivre en Équilibre*: an innovative program for seniors afraid of falling”—presents the framework in which this fall prevention program was created, as well as its concrete effects on participants’ perception of their mobility skills following its implementation in six retirement homes. One of the main effects observed among the older adults who took part in the program was their increased participation in social activities both within and outside the retirement home. The second article—“Implementing a peer-led health promotion program for older adults: the example of the *Vivre en Équilibre* program”—is focused on evaluating the implementation of the program from the perspective of the participants, the peer facilitators and the professionals who were supervising them. The analysis shows that the peer-led training was much appreciated by participants because it facilitated communication during activities and fostered mutual understanding. The program also helped the facilitators feel more useful in the community.

The final two articles in this issue of *Pluralages* give voice to a government agency and a community organization serving Quebec’s aging population. In “Housing issues facing older adults in Quebec,” the Société d’habitation du Québec (SHQ) presents the main points in its mandate over the next few years that will allow the organization to better meet the housing needs of an aging population that is growing and living longer. For its part, the Table de concertation des aînés de l’île de Montréal⁶ (TCAÎM), in its article “Urban planning and the autonomy of older adults – Montreal experiences,” presents the various projects it is leading and shows a range of urban planning and daily mobility measures that could help to fully integrate older adults into society.

Happy reading!

Paula Negron-Poblete
and **Anne-Marie Séguin**, editors

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1. These partners are: the Ministère des Affaires municipales, des Régions et de l’Occupation du territoire; the Ministère de l’Emploi et de la Solidarité sociale; the Ministère de la Famille; the Ministère de la Santé et des Services sociaux; the Ministère des Transports du Québec; the Curateur public du Québec; the Office des personnes handicapées du Québec; the Société d’habitation du Québec; the Fonds de recherche du Québec – Santé; and the Fonds de recherche du Québec – Nature et technologies.
 2. English translation: *Strategic research forum on the aging of the Quebec population*
 3. English translation: *From needs to resources: the diverse living environments and strategies of older adults*
 4. English translation: *Aging in a mid-size city or metropolitan area. What role should urban planning play?*
 5. English translation: *Regaining self-confidence and getting more involved in the community: a multi-site evaluation of the Vivre en Équilibre program*
 6. The TCAÎM has been a member of the research team Vieillissements, exclusions sociales et solidarités (VIES) since 2012.



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NEEDS and STRATEGIES of older adults with disabilities who live alone and want to stay in their homes

The vast majority of older adults want to keep living at home as long as possible.¹ Their wishes are recognized and supported by the 2012 policy Vieillir et vivre ensemble – Chez soi, dans sa communauté, au Québec (Aging and Living Together: At Home, in One's Community, in Québec).² It is therefore essential to better understand the types of strategies older people use, and the resources they mobilize, in an effort to stay at home. It is also important to understand their needs, which become increasingly difficult to meet. This article has four objectives: a) identify the main concerns of older adults with a slight to moderate loss of autonomy, who live alone and want to remain in their homes; b) provide a brief overview of the strategies these older adults use in order to continue living at home; c) explore the two categories of needs considered to be a priority by interviewees; and d) provide recommendations regarding these two categories of needs. ➤

Our research approach was informed by two important perspectives.³ First, we see older adults as actors in charge of their life,⁴ which means we were specifically interested in the strategies participants used to stay in their homes. We also view needs in the broadest sense possible, allowing interviewees to define them in their own terms—in other words, to identify what they considered necessary to preserve their quality of life.⁵⁻⁶ This approach allowed us to highlight the diverse needs of older adults and the multiple ways in which they experience the aging process.

We used two tools to conduct this qualitative study. We held a focus group with local actors (CSSS professionals, managers and workers in community organizations, and volunteers in each of the three study areas). The discussions were focused on available resources and the main difficulties faced by older adults with reduced autonomy in each geographical area. We also carried out a series of individual interviews with older adults recruited by those who participated in the discussion groups. The interviewees had to meet the following criteria: they had to be aged 75 or older;⁷ they had to be experiencing reduced

across all geographical locations. We will therefore only mention specific locations in cases where the distinction is significant.

STRATEGIES: STAYING INDEPENDENT, ANTICIPATING, AND MAINTAINING A FRAGILE BALANCE

One of our main observations was that the study participants wanted to preserve their autonomy, which they defined in two main ways. First, they expressed a deep concern about being a burden on their children and other people close to them. A number of participants pointed out that their children have their own lives, children and jobs, and said they did not want to ask too much of them. They also stressed the importance of being able to make basic life choices. Their desire to remain autonomous came up, notably when they talked about choosing a place of residence.

“I want to stay in this area . . . my friends live around here. I’m part of the Cercle de fermières Sainte-Monique-les-Saules . . . I’m active, I’m involved in an advisory panel . . . I’m a member of L’Entraide Les Saules . . . ”

(Lisette, 75 years old, Quebec City)

The interviews showed that people with mild disabilities aged 75 and over, who live alone,

Seniors deploy various foresight and anticipation strategies that are at central to their daily lives.

Our study focused on three geographical areas: the first included three central neighbourhoods in Montreal (Rosemont, La-Petite-Patrie and Villeray), many parts of which were developed prior to World War II; the second was the borough of Les Rivières, located in the inner suburbs of Quebec City and mainly populated between the 1950s and 1960s; the third included the regional county municipalities of Charlevoix-Est and Charlevoix-Ouest—rural areas with two urban centres (La Malbaie and Baie St-Paul) offering a number of services.

autonomy; and they had to be living alone on a modest or average income. We conducted 43 semi-structured interviews with older adults, mostly women (38 out of 43). We recruited people living in the three areas described above, as we felt it was important to have a portrait that would take into account the diverse environments in which Quebec’s older population lives. These areas all have mixed levels of income (mainly low to average) and also have relatively large aging populations. Our study revealed a number of similarities in the needs and strategies of older adults



experience more difficulties. Participants frequently talked about the risks they face in their daily life—for example, the risk of falling at home or while walking outside on a snowy or icy surface. Other more fundamental risks, such as the serious illness or death of a loved one, friend or neighbour, are not only emotionally challenging, but could also deprive seniors of an important source of support. Losing a driver's license—seen as essential to autonomy in rural and suburban areas—can also have a major impact on the life of older adults. In the longer term, reduced income (as savings are used up) can be a barrier to maintaining adequate living conditions. The interviewees were fully aware of these risks and deployed various planning strategies in their daily life in order to better control them.

Another important factor that influenced the strategies adopted by participants was economic precariousness. This was especially the case since our sample consisted of individuals with low to average incomes who had to get by on a limited budget. A concern shared by many, for example, was the cost of retirement homes. Several interviewees said they could not afford the rent.

“You know, it's not luxurious at all [speaking of her apartment in a low-cost housing facility]. Other places are a lot fancier, but they're also a lot more expensive . . . Moving to an apartment like that would have a huge impact on my life. I've visited some of them; they're so small. There's a communal dining room, but you have to pay for your meals, which makes your rent go up. And the apartment itself was so tiny you could only fit a small bed and an armchair in it . . . So when you compare the two, I figure I'm better off here. It's big and it may be expensive, but it's a lot more affordable than other places. Also, as I get older, I'll be going out less, so I'll have more money for my rent. We must be at the limit of what they can charge us. Because right now, we're paying \$936 a month.”

(Henriette, 85 years old, Montreal)

Given their financial situation, many participants wondered whether they would have access to an apartment better suited to their needs if their condition were to deteriorate.

To ensure their safety and maintain control over their life, most participants were already anticipating and preparing for changes ahead. Some of these strategies were focused on short-term needs—for instance, preparing frozen meals for days they wouldn't be able to cook, or planning outings on winter days when the weather was milder. Other strategies were focused more on the long term—finding a retirement home for when they would have to leave their home, moving to a place providing more services and safety, determining an alternative mode of transport for when they would no longer have a driver's license. Finally, they described strategies aimed at conserving their energy—for instance, including several destinations in one outing, giving up activities that were less essential to their well-being, or substituting one activity for another (e.g., going to a restaurant instead of inviting friends over for a meal).

Another factor determining the strategies adopted by older adults was whether or not they had a social network they could mobilize. The participants in our study were supported by more or less broad and diverse social networks (see the article “Living alone at home: the importance of supports” in this issue). Several participants were aware that they might not be able to rely on this network in case of an emergency or unforeseen circumstances. In addition, their networks were partially made up of older people like themselves who were therefore more vulnerable to illness, increased impairment and death. Their networks could also be weakened by children moving away (a phenomenon not limited to rural areas), or the loss of a trusted neighbour on account of a move, illness or death. ➔



Small repair jobs can become difficult and might even lead to falls.

One very important strategy adopted by participants was to make judicious use of their social network, being careful to spread out requests so as not to become too dependent on one individual. A minority of participants had a very limited network, which meant they were even more vulnerable and at a risk of becoming socially isolated. These participants often had more difficulty getting their needs met and had to spend more time and energy in this regard.

Participants in this study also made extensive use of local resources, especially community organizations (meals on wheels, assisted transport, community centres), as well as public services. However, both the interviewees and participants in our focus groups noted that these resources were not always sufficient to adequately meet all their needs. Some older people therefore do not receive the services they need. Local actors also noted that there is a lack

of coordination among services provided by public and community organizations, which wastes time and negatively affects the quality of support provided. A number of participants stated they avoided using paid services (domestic help, taxi rides) given their limited income or financial insecurity. They tried to manage on their own or asked friends and loved ones for assistance. In situations where they had to pay, they tried to find the least expensive solution.



Older people adopt a wide range of strategies to cope with the precarious nature of the supports that allow them to stay in

participants identified as particularly important: housing and transportation. In both cases, resources were often insufficient.

financial, technical and logistical decisions regarding maintenance and repair work is a major burden and source of stress.

Older people adopt a wide range of strategies to cope with the precarious nature of the supports that allow them to stay in their homes.

their homes. Our study clearly reveals that the ability to remain at home rests on a fragile balance among several factors subject to change, notably the person's health and level of impairment, the level of support provided by the person's social network, and access to public and community services. This fragile balance ensuring a minimum level of well-being may be upset if the person's health deteriorates, or an important caregiver is less willing or able to provide help, or if public and community services do not have sufficient capacity to meet the demand. In addition, it takes a lot of time and energy to put these strategies in place. In this context, a retirement home providing services seems an attractive option to a number of older adults. However, without sufficient financial resources, it is simply not affordable for many of them.

TWO BASIC NEED CATEGORIES

We will now take a closer look at the two categories of needs par-

Housing

The vast majority of participants were satisfied with their housing and neighbourhood. In Montreal, several had moved quite recently to subsidized housing units where they felt safe and supported by their neighbours. They also appreciated the lower rents in comparison with the private market, as well as having an elevator, five weekly meals included in their rent, and being freed from the burden of repairs and maintenance work.

In terms of unmet needs in all three geographical areas, a recurring problem was the lack of free domestic help and the cost of paying for these services. Another obstacle was stairs, both inside and outside the building, which increased the risk of falls for those with impaired mobility. Several participants in Quebec City and Charlevoix were homeowners, and cited maintenance and minor repairs, as well as the high cost of major repairs, as challenging and sometimes a source of immense concern. For some older adults, making

The most frequent strategy used to meet housing needs involved calling on housekeepers, children, neighbours and even loved ones to carry out various seasonal or even regular jobs. For other types of jobs (snow removal, minor and major repairs, etc.) participants called on informal resources or contractors, but the cost, management and decision-making involved was a burden for many. Some were planning on moving to a retirement home to avoid undertaking major repair jobs.

"I think at my age, I'm probably no longer at an age where I can have a house. Because when spring arrives, it's the plants, it's this and that . . . I get someone to mow the lawn, and I also get someone to shovel the snow off my balcony. I pay a guy to come and remove the snow. And if I have other jobs to do, I ask for help. I always have to ask . . ."

(Lisette, 75 years old, Quebec City)

When faced with major necessary repairs, a number of homeowners described having to weigh the costs and benefits before making a decision. Should they invest the energy and financial resources to stay in their homes a bit longer, or should they move into an apartment (with or without services) where their monthly costs ➤

might be higher, but where they would have fewer responsibilities and concerns?

“It’s a bit worrying when you move to a place like that and you wonder how much you’re gonna have to pay. I don’t know, \$1,600 a month? The first of the month arrives fast, you know! You calculate what you’re paying right now for your house, insurance, electricity and taxes. Over there you won’t be paying taxes anymore or home insurance. You’ll pay insurance for your furniture. But then there are lots of other things you may have to pay for . . . If you have a car, and you have a parking spot—I don’t think your parking is included in the \$1,500. You really have to do your calculations.” (Carole, almost 80 years old, Charlevoix)

Our study also revealed that older adults often have incomplete information about the various housing options available to them.

Daily mobility

Participants in the study attached a lot of importance to their daily mobility both inside and outside the home, and adopted a variety of strategies in this regard. Inside the home, they limited trips to the basement or upstairs to prevent falls and avoid tiring themselves out. In terms of mobility outside the home, those who held a driver’s license were afraid of no longer being allowed to drive, as this would lead to a significant loss of autonomy. Several found that public transport is not adapted to older people in general, especially those with impaired mobility (height of the vehicle, stairs in the metro). In addition, in certain areas (e.g., Quebec City and especially Charlevoix) public transport is insufficient, increasing older people’s dependence on their friends and loved ones or on assisted transport services.

Winter poses specific challenges, since the risk of falls and accidents is much higher. Participants said they left the house far less often during the win-

ter, increasing their feeling of isolation. Assistance with transportation was always greatly appreciated. This assistance was most often provided by people close to them (children, neighbours, friends, relatives), as well as community organizations. It allowed participants to directly access essential resources (doctor’s office, grocery store, etc.) at a lower cost. It is important to note that community services and assisted transport services are insufficient in many places.

Participants also adopted strategies to get around on their own. A number of those in Montreal used mobility aids (cane, walker, motorized wheelchair) to travel short distances and transport their shopping bags. Others opted for home delivery (groceries, pharmacy orders), or regularly asked someone to do their shopping for them. Depending on where they lived, they sometimes had access to home care and support services. In the Charlevoix, for example, doctors make regular house calls. In the three study areas, participants had access to hairdressing and foot care services at home.

MAIN RECOMMENDATIONS FOR HOUSING AND MOBILITY

In light of our study results, we have developed recommendations for ways to improve housing and mobility for seniors. These recommendations are directed at various public organizations as well as community and social economy organizations.

Available housing

We recommend supporting the construction of housing adapted to the needs of older adults. This housing should be affordable, located in areas with sufficient public transport and services, and should be designed according to the needs of older residents. Certain basic services should be offered as well (meals five days a week, a community room with activities, on-site staff, etc.). This type of housing would meet the specific needs



Using a mobility aid to remain independent

of older adults (e.g., elevator, ramp, meals), at the same time ensuring their safety and privacy. Such housing complexes already exist, notably in Montreal, but they are few in number. We could concretely improve the living conditions for many older adults if we were to reproduce or improve this model in Montreal and other cities, and make it widely accessible. A greater number of apartments would remove some of the obstacles faced by older adults seeking adapted housing—either because of their financial constraints or simply due to the lack of available housing in their region or neighbourhood.

We also recommend developing comprehensive, accessible documentation on available housing for older adults in their area.

Home support services

We recommend promoting the development and/or maintenance of home support services to allow more vulnerable older people with certain impairments to remain in their homes. We suggest that more information be provided to older people in all urban centres and regions on available resources for home maintenance and repairs. This

could include a list of trustworthy, reliable individuals and organizations willing to do the work at an affordable price and within a reasonable time frame.

It is also important to expand the range of services offered by social economy organizations and to include gardening, minor repairs, etc. Finally, we need to review home support services (housekeeping, personal assistance) to ensure that such services may rapidly be put in place when the need arises, especially in emergency situations. ➤

Promoting mobility through adequate urban planning and transport services

We recommend increasing and reinforcing alternative public transport options that are both safe and accessible (financially and physically), and are adapted to the needs of older adults (schedules, routes), making it easier for them to reach essen-

[...] we need to create the right conditions and offer essential resources.

tial destinations such as stores, health care facilities, community centres and recreational centres, thus improving their quality of life. It would also be a good idea to evaluate different carpooling options (intergenerational and seniors' ridesharing arrangements).

In terms of urban planning and other municipal responsibilities, we recommend better sidewalk maintenance (particularly in winter) and urban planning that promotes independent mobility (e.g., more benches and bus shelters). It is also important to concentrate services and stores in less densely populated areas so as to reduce the amount of travel required for older adults.

CONCLUSION

The results of this research underscore the importance of recognizing the needs of older adults in order to allow them to stay in their homes as long as they wish. To do so, we need to create the right conditions and offer essential resources. As people get older, it becomes increasingly challenging to "age at home in one's community" and maintain

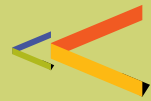
the often fragile balance involved. The necessary solutions are not unrealistic or impossible to put in place. Some are part of overall transformations occurring in our society (e.g., more home delivery services, increased public transportation, and urban planning initiatives to promote walking, universal access and pedestrian safety). Other measures should be taken to meet the specific needs of older adults in order to allow all, regardless of their income or where they live, to remain in the home of their choice.

Acknowledgements

The research team members express their deep gratitude to the older adults, practitioners and volunteers who participated

in this study. Without their active participation, this research would not have been possible. The study was funded by the Fonds de recherche du Québec – Société et culture (FRQSC), Concerted actions program on Quebec's aging population and related health and socioeconomic issues.

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Living alone at home: THE IMPORTANCE OF SUPPORTS

*Remaining in one's home as one ages and as disabilities begin to appear is a challenge. It involves maintaining a fragile balance, in which one's immediate milieu and available resources play a key role. In a research report titled *Des besoins aux ressources: Diversité des milieux et des stratégies déployées par les personnes âgées*,¹ we defined "milieu" according to a multidimensional perspective focused on relationships (support network, family, friends, neighbours, etc.), and the notion of a pool of services and equipment that can be mobilized. In this article, we will specifically address the role and importance of an informal support system for those who participated in our study. The results presented here are based on interviews conducted with 43 older adults, mostly women (38 out of 43) who were living alone despite having mild to moderate disabilities. ➤*

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WHEN THOSE CLOSE TO US BECOME A SOURCE OF SUPPORT

At difficult times throughout our lives, the people close to us, particularly our family members, can provide occasional support.² As we age, we need an increasing amount of support. Given our aging population, more and more seniors require support and yet, in the current context, health and social services resources are limited. Consequently, needs for different types of support are generally met by those close to us — in other words, by loved ones, friends and neighbours.

The support older adults receive can take many forms: offering transportation and accompanying them on errands or to medical appointments; preparing and bringing over meals; changing a light bulb in the ceiling fixture; removing snow from the outdoor entrance; washing windows in the spring; helping with household chores, etc. These actions are critical because they often allow older adults to remain in their homes for as long as they can and wish. When this type of support is unavailable or insufficient, some people are unable to continue living at home. They may be forced to leave a home they love, whereas with adequate support, they could have stayed there longer.

WHO ARE THOSE CLOSE TO US?

Our research highlighted the significant contribution made by people who are close to older adults and who offer them support. The family's support was crucial for most of the study participants. Some received most of their support from one person, for instance a daughter or son. Others received help from more family members (e.g., several children coming together to support an aging parent). We also observed that children are not the only family members involved and that some older adults can also rely on other family members, including siblings, nephews, nieces, grandchildren and also in-laws, even after their spouse has passed away.

In addition, families are not the only ones supporting older adults. Long-time friends, friends of a deceased spouse, and also new acquaintances can all be part of the person's support network. Our research also revealed the key role played by neighbours with respect to daily support. It is their proximity that makes them so useful and sometimes invaluable. Their presence and willingness to look out for their older neighbours can also help seniors feel safer:

" . . . I know that if I needed them, any one of them, they would help me . . . I know that for sure. If I need them, not one of them would refuse . . . Because sometimes, I talk to them sometimes, for instance if they are outside and I see them, [they tell me]: if you need anything, feel free to ask, no matter what time it is. That's why I can tell you that I trust my neighbours, absolutely."

(Carole, 80 years old, Charlevoix)

" . . . my neighbour here is another resource for me . . . their house is opposite mine and they can really see what's going on in my home so they make sure I open my blinds every day. If I didn't, they would wonder what was going on. They have my house key. And when I go out, at any time, I let them know and that way, they aren't surprised if they don't see me."

(Catherine, 70 years old, Quebec City)

Neighbours can also play a significant role in that they are often in a better position than friends or family members when it comes to useful information about the neighbourhood or the immediate area.

NETWORKS THAT CHANGE AND VARY FROM ONE INDIVIDUAL TO THE NEXT

Among the older adults who participated in our research, we observed a variety of networks (some considered more satisfactory than others) in terms of the number and type of people involved; how-



The support of loved ones, friends and neighbours is often critical for older adults.

advanced age. Regardless of the form the support network takes, it will change over the years because the person and those close to them experience situations that invite or complicate contact and support,— for example, in the case of illness, disability, loss of mobility, death, moving, retirement, work demands, the birth of a child, family difficulties, changing relationships, etc.

Changes within a support network do not, however, always result in loss. Older adults are, of course, still able to create new, fulfilling and/or supportive relationships (new friends and acquaintances, chat with a new neighbour, mutual support, etc.). New connections help diversify the network. They can help the person adapt to a new reality and new needs, given that the assistance required also changes over time. For instance, in retirement homes and multiple-unit buildings (including social housing), neighbours sometimes become friends and take on an important role in the lives of older adults.

ever, we were unable to identify an ideal network model. The support networks varied significantly, in both makeup and size, depending on the participants' personal story, their choices and personality, the events that had marked their lives and those of their loved ones, their living environment, chance meetings, etc. Some participants had children while others did not. Although children often pro-

vided considerable support to their parent, this was not always the case; some offered little to no help. Finally, as mentioned above, support was not only provided by family members (and sometimes in-laws); it was also offered by friends, neighbours, acquaintances, etc.

A person's support network is constantly changing and evolving, even when they reach an

"I make soup for myself and I give some to my neighbour . . . She's so nice! She's funny. And it's hard for her to cook for herself. She has two artificial hips and all. She can't stand for very long. She does have a walker. But she's funny and very nice."

(André, 76 years old, Montreal) >

These results highlight the importance of promoting situations that help to (re)create support networks, and of encouraging older adults to make new connections, particularly with people in their neighbourhoods. However, at no point should they feel like it is an obligation. This approach can translate into various actions, such as: designing interior and exterior environments (making spaces for interacting and holding group activities); promoting certain municipal activities (supporting neighbourhood initiatives); organizing activities in a neighbourhood or retirement home, etc.

OLDER ADULTS AT THE HEART OF THEIR NETWORK

Our research showed us how active older adults are and how much they want to be autonomous and in control of their life. They still live on their own primarily because they want to, and because they have developed a range of strategies allowing them meet their needs. Calling on the members of their support network is one of those strategies. They nevertheless put a lot of thought into how and when they ask for assistance. For instance, some people spread out their requests in order to limit the amount of help provided by each person. They are aware of the consequences of their requests for help, which add to their loved ones' other responsibilities (e.g., children who are themselves parents and have jobs, friends and siblings who are often seniors themselves, etc.). In order not to become a burden, the person will make every effort to take the caregiver's situation into account when asking for help, which means they will ask for what is easiest, most practical and least bothersome for each caregiver. They are also concerned with reciprocating so they are not always in a position of receiving assistance.

"Ah! If I lived in a retirement home, for instance, or in a city or closer to [my] children . . . I of course think about all of that, I'm not young anymore and . . . But the kids, well, I tell myself that they have their jobs, their families,

they're busy. I'm not the kind of person who's going to bother my kids."

(Micheline, 85 years old, Charlevoix)

Finally, older adults want to maintain the diverse connections they have with their caregivers. As a result, they try to avoid any role reversals (e.g., parent-child) and nurture their friendships. However, when friends and loved ones are under increasing pressure to provide assistance or support, the older adult can be affected by the situation even though they appreciate the benefits in terms of an improved quality of life. Over time, relationships with friends and loved ones can change and become progressively focused on meeting needs (e.g., running errands) and less on social and emotional bonds (taking the time to chat, enjoying one another's company). This change in the support network represents a loss for older adults.³

THE NEED FOR STRONG LOCAL COMMUNITY ORGANIZATIONS

Our study reveals a finding that is similar to that of many research projects conducted on the assistance provided by loved ones, in particular family members—namely, they are generally the ones providing the most assistance.⁴ However, this situation is not ideal. In some circumstances, friends and loved ones are not equal to the task and demands that are too onerous can have negative consequences on their health and income, etc.⁵ Despite their desire to help and their efforts to juggle help, work, family, etc., the support they try to provide can be uncertain: the availability of this help can vary for all kinds of reasons.

An older person's ability to live in their home as they age is tied in large part to the assistance provided by people within their support network. The lack of public resources and accessible services when needs become greater places pressure on families and other loved ones, as well as on seniors themselves, since most do not want to burden the people in their network. Given the absence



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Group activities designed to promote mutual support can help create new friendships and ties between neighbours.

or lack of adequate, available and accessible formal resources, seniors need to dedicate a lot of resources and energy to managing their informal support network and to finding strategies to meet their needs.

Home support services, other than those related to health and personal hygiene, are largely left to community and social economy organizations. These organizations therefore play a crucial role in seniors' support networks. Community groups

offer a wide range of services that are very accessible, economically speaking (either free or low-cost). The older adults in our study said they often use assisted transport services (a volunteer drives the person in their own car to their medical appointments and keeps them company), meals on wheels (home-delivered meals) and recreational and community centre activities.

However, the focus groups conducted with the practitioners in each geographical area studied

noted that community organizations that rely on volunteers and social economy organizations cannot always meet the demand due to a lack of resources (insufficient funding, lack of workers or volunteers, etc.). In addition, community organizations that rely mainly on volunteers, such as meals on wheels or assisted transport, cannot replace government support. Their role is to offer complementary assistance in conjunction with government organizations. In certain areas with a particularly large aging >

population, the demand for community services can exceed the capacity of local organizations. In order to meet the needs of older adults, it is important to provide a sufficient level of recurring funding to community and social economy organizations. This will ensure that they are able to fulfill their essential mission and hire staff by offering adequate salaries. Social economy organizations could expand the services they offer to include maintenance services (e.g., changing light bulbs) and small repairs, which do not require specific skills, etc.

provide the necessary assistance (in terms of quality and quantity) to allow them to stay in their homes in adequate conditions. However, that would require networks to be both permanent and strong, whereas they often undergo unforeseen changes (for instance, the sudden illness of the main caregiver). We also tend to overlook the fact that the older person's condition may deteriorate quickly and drastically (a fall, illness, etc.), and he or she may require urgent and significant assistance that the support network is unable to

[...] we must, as an aging society, provide the necessary resources and conditions to all social actors [...]

A CLEAR VISION AND ESSENTIAL ACTIONS

Older adults use various means and strategies to stay in their homes as long as possible, supported by members of their network, many of whom are already doing more than their share. At a certain point the balance between older adults' needs and the support they receive is broken. When this occurs, the needs can become so great that it is no longer possible for the person to continue living at home.

We tend to assume that older adults' support networks are and, especially, will be able to

provide. It is important, in these circumstances, for the government and community and social economy organizations to be able to step in and provide rapid, adequate assistance to the older adult. More generally, in order to support older adults with disabilities and avoid caregiver burnout, we must, as an aging society, provide the necessary resources and conditions to all social actors (government agencies, municipalities, the private sector, community and social economy organizations, etc.) to ensure they are able to intervene adequately and ensure a satisfactory quality of life for seniors and their primary caregivers.

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Moving to a seniors' residence:

WHAT ARE THE CHALLENGES OF CREATING A NEW HOME?

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Now more than ever, retirees of all ages are considering whether they should move into a seniors' residence. There is an increasingly diverse range of retirement housing in Quebec, located in different municipalities and localities, in rural and metropolitan areas. Seniors' residences in and near large urban centres are varied, both in terms of the types of units available and services that may be added to the monthly rent. But when it comes to daily living, what types of experiences do these residences offer? ➔

SENIORS' RESIDENCES ARE VERY APPEALING TO OLDER ADULTS ... ONCE THEY'VE MADE THE DECISION TO MOVE!

Like most of the population, older adults prefer living arrangements that are similar to those they have enjoyed over their life course. They tend to avoid thinking about where they will spend their later years, unless unexpected events in their daily life, including health problems, compromise their autonomy. Several studies in Quebec and abroad¹⁻²⁻³ have shown that older adults put little planning into their future living situation. Rather, they show great skill and ingenuity in adapting to their environment, as if they are hoping they will never be “too old” and will be able to stay in their current home “forever.” Things may change with the generation of baby boomers, who will have access to a wider range of better quality seniors' residences than their parents—a far cry from the negative image of long-term care facilities. Nonetheless, a seniors' residence is in many cases considered a last resort. Some older adults would rather move to a place they can still consider their own home (condominium, rental apartment, etc.).

There are many issues tied to these residential choices—or to choices older adults would prefer not to make at all. Dependence on a vehicle is often a common

denominator behind many problems associated with aging at home: access to stores and services becomes difficult; daily outings are restricted; there is the risk of becoming sedentary and experiencing limitations in health, autonomy and freedom of choice. The built environment and available local services also have a significant impact on the aging experience. Since urban planners can control the location of urban activities and the form they will take in terms of neighbourhoods, they play an important role in the future of cities. It is therefore surprising to see that, despite our aging population, cities (including the suburbs of major cities and mid-sized cities) are being transformed with little attempt to question existing models—the geographical separation of stores and residential sectors, houses set in the middle of lots, road networks that are not pedestrian-friendly, lack of street furniture (particularly benches), services that are difficult to access without a car, etc.

While urban planners and other decision-makers have been slow to take the initiative, the private sector has been active in developing a wide range of housing options with services. Today's seniors' residences are rebranding themselves, focusing on the lifestyles of active, trendy seniors. In terms of their architecture and design, the majority of these residences are very different from the uninspiring, second-rate places that usually come to mind.

As part of the *Vieillir au Québec* (Aging in Quebec) research project,⁴ we set out to learn more about what the seniors' residence option represented for older adults. We revisited the aging experience through the lens of the notion of “home,” speaking to older adults who were living in a seniors' residence and others who were not. Within this framework, we explored what home means to older adults living in various urban areas in Quebec in order to gain a better understanding of the aging experience in a seniors' residence. We led eleven focus groups with an average of ten participants each, in the regions of Montreal, Laval, Lanaudière, the Laurentians, the Mauricie and the Outaouais. The groups allowed us to explore aging at home in different contexts.

MULTIPLE MEANINGS OF “HOME”

Home is a fuzzy concept that can be difficult to pin down. Its definition is constantly changing,⁵⁻⁶ for both individuals and the society in which they live. We live at home, but in many regards, the idea of “home” inhabits us as well. When we think about home, we might initially consider its material dimension (an apartment, a house, a building). However, the notion of home also comprises psychological dimensions, notably the idea of privacy and attachment to place. Over the years, many research projects



and studies on the concept of home have incorporated social, cultural and temporal dimensions.⁷⁻⁸ These various dimensions of home are experienced and internalized over the course of our daily lives. A feeling of continuity is essential, especially since aging considerably changes routines, particularly habits involving mobility and how the living space is used.

Our research shows that it is essential to understand the meanings of home and neighbourhood in order to analyze the residential experience of older adults. Understanding a person's relationship with their home involves more than assessing their degree of satisfaction or identifying certain preferences. The concept of home encompasses not only the functional aspect, but also the emotional elements that connect people to their living environment. Older adults living in an individual home (e.g., a bungalow or single-storey house) in a suburb or medium-sized city may choose to continue doing so, despite the necessary functional adaptations involved, because of the meanings their home holds for them in their daily life. In many cases, it is these meaningful elements that are lost when it comes time to move: a guest room where a son or sister from far away would stay during the holidays; the basement where the grandchildren played; the garden, perhaps not as well kept as before, where the person could still relax in private.



Seniors' residence on St-Joseph Boulevard, in Gatineau

WHAT HOME MEANS TO OLDER ADULTS LIVING IN A SENIORS' RESIDENCE AND IN THEIR COMMUNITY

The participants in our study expressed a strong desire to remain where they were. Their attachment to their home and neighbourhood may be explained by the meanings these places held for them, some of which were very powerful. Indeed, the value of a "regular" daily life in a familiar environment is precisely what the participants felt would be threatened should they be required to move away from their apartment and neighbourhood: *"It was really hard to be uprooted ... Leaving my home wasn't an easy decision to make"* (a participant in the Shawinigan group). This idea reinforces their

emotional attachment to their home and discourages them from moving into a seniors' residence.

Few of the participants who had decided to move to a seniors' residence regretted their choice, since the residence provided the comfort and safety they had been seeking. But this choice comes at a price. First, the cost is substantial and may cause significant worry in the long term. For many homeowners, selling the family home does not provide sufficient funds to cover their housing costs indefinitely. As one participant in the Gatineau group explained, *"I don't know if I'll have enough money if I live to age 100."* For renters, an apartment in a seniors' residence can be considerably more expensive than a "regular" apartment. Some participants expressed their

frustration with the rent hikes “every year” at their seniors’ residence (participants in the Gatineau group), as well as with other “indirect fees paid to the seniors’ residence”—for instance a doctor’s visit (\$25 per visit in one residence). Several residents felt they were paying too much for what they considered “basic” and “normal” services. In the large urban centres, several participants said they had visited several residences before making their choice, particularly to check whether there were services nearby. In medium-sized cities there are obviously fewer options, so people might end up

but also their neighbourhood or city, which some might experience as a second price to pay.

Staying in one’s neighbourhood, in familiar surroundings, enables people to keep many aspects of home. The participants from medium-sized cities and rural areas did not see moving into a seniors’ residence as leaving their environment or, more importantly, their social networks. Even if they had to leave their house and move into a new dwelling, they would still be at home, since they would remain in the same neighbourhood. They could also move into a residence where a

a positive aging experience. Another option is to return to one’s hometown: “I came back to Joliette ... To end my days. I’m really happy to be back here. Life is easier” (participant in the Joliette group).

Yet living in a seniors’ residence has its limitations. Several participants said they had difficulty projecting themselves into the future, especially because of limited income and declining health—both their health and that of the other residents, their new neighbours, who are now ... much closer. As one participant in the Saint-Eustache group put it, “It’s like a village.” The attitude of retirement home owners and managers toward their older clientele should not be underestimated. An understanding, compassionate attitude is also a crucial factor in creating a positive experience in this type of setting, particularly in mid-sized cities where residents seem to seek a sense of familiarity more than in other places: “We’re like family ... there’s a really good atmosphere here” (Saint-Eustache group).

A final price to pay when moving to a seniors’ residence is losing a degree of control over one’s environment. Apart from the issues of safety and comfort, seniors’ residences have rules, some of which are minimal (e.g., maintenance and use of common spaces) and others quite strict (e.g., guests, meals and services). This structuring of the



The Résidences Lachance complex in Joliette is designed to blend into the neighbourhood.

selecting a residence in another town or village. The latter choice may cause older adults to experience a *double move*, since they are not only leaving their home,

friend or former neighbour is currently living. This enables older people to maintain certain types of continuity that are essential to feeling at home and enjoying



daily routine can cause ambivalent feelings: *“When we’re here [in the seniors’ home], we’re no longer at home”* (a participant in the Saint-Eustache group). The degree of control people feel they have over their daily routine can also depend on where the seniors’ residence is located. If there are no services or areas of interest within walking distance, or if the person has limited mobility, their home may be limited to the indoor spaces at the residence. Outings become complicated: *“My daughter picks me up to run errands and she sometimes brings me things I need”* (a participant in the Joliette group). Transportation options (bus, taxi, shuttle or rides offered by friends and family) as well as the choice of destination become extremely important and determine whether the person will be able to go out at all. As a participant in the Repentigny

IS IT POSSIBLE TO RECREATE A SENSE OF HOME IN A SENIORS’ RESIDENCE?

While daily life in a seniors’ residence may be very different from living independently in a house or regular apartment, particularly in terms of privacy, it nonetheless opens up new possibilities. Unlike aging at home in areas where daily mobility is more complex (e.g., in suburbs or mid-sized cities), seniors’ residences offer the occasion to develop social ties with people other than family members and one’s immediate neighbours. Seniors’ social life can be enriched simply by having other residents nearby, as well as stores and services that are now much closer: *“I go to [the drugstore] just to take a walk! ... it’s good for me to get out and see people ... I take the time to observe things, I meet people”*

residences that offer a variety of services, residents can visit the library, movie room, chapel or restaurant. These activities can be carried out “at home,” in the residence itself. Residents can replicate the feeling of a living in a town or village, given the proximity of services: they can visit with neighbours, see a movie, go shopping, do group activities, and meet with and even host friends and family more easily, especially in the on-site restaurant. However, some residents in this situation have noticed that they are labelled “old people”—in other words, people living in a residence that is socially and functionally adapted to them. Participants who were still living in their own home did not make this type of remark. The fact that they were still living in a home with no age-related characteristics—in other words, in a *regular* home—meant they were still seen as *independent* seniors. Even if they received assistance, they still had their own home.

“It’s really hard for me [depending on her son to go out] ... I’ve been independent my whole life.”

group shared, *“It’s really hard for me [depending on her son to go out] ... I’ve been independent my whole life.”* Older adults may have to change their regular outings, destinations and trips around town based on the opportunities available. As a result, they may end up limiting their outings to trips to the grocery store or to the mall in mid-sized cities.

(participant in the group from Ahuntsic, a neighbourhood in Montreal). Besides going on outings with their children to a restaurant or mall, older adults have access to services in the residence. They might take up an old hobby again or learn a new one, which would not necessarily be the case in a house or apartment, especially in rural areas. In

The decision to age at home (typically alone, in the case of women) instead of moving into a seniors’ residence seems a sensible choice, but perhaps not in terms of safety and social isolation. Choosing a seniors’ residence is in many respects a smart decision, which, according to many participants, should not be made at the last minute: *“I was ready. I decided for myself. Maybe that’s why ... it wasn’t hard for me to adapt”* (a participant in the Shawinigan group). ➤



The Ambiance retirement home on Nun's Island (Montreal): being close to nature contributes to residents' quality of life.

From a practical standpoint, older adults should proactively and carefully weigh this choice in order to give themselves the opportunities and time they need to truly create a new home in the residence, before an eventual loss of autonomy. This idea is highlighted in the words of a participant from the Shawinigan group, who had just moved into a seniors' residence: *"Some people wait too long and they can't enjoy it."*

After living in a house or apartment, sometimes the same one for many years, what other living situation could offer the same familiar feeling of home? Our focus groups in different geographical areas showed that there are few housing situations that meet this requirement, particularly in terms of control over one's

environment, freedom of action, physical comfort, privacy, and peace of mind. In this sense, moving into a residence means having to change one's lifestyle, which can be a good thing, provided the person *chooses* to move. Staying in the same neighbourhood with the same social networks could facilitate the transition to a *different* housing situation. It is a way to retain a sense of home in terms of being rooted in and attached to a given place.

IN CONCLUSION: WHAT PARTICIPANTS' EXPERIENCES SUGGEST

A first recommendation could be made regarding the location of seniors' residences in low-density residential neighbourhoods, in or outside of metropolitan areas.

Currently, only residential sectors located along major traffic arteries or main access roads offer facilities, attractions and, possibly, public transit services. An interesting strategic move would be to change zoning regulations in order to encourage the construction of seniors' residences in these areas, not directly on major arteries but close by. On the one hand, this would allow many older adults to stay in their neighbourhood, and on the other, they would be in a *walkable* environment, where they could remain independent and active as they age.

A second recommendation would be to renovate private rental apartments, which were largely built in the 1960s and 1970s, and adapt them for individuals with reduced autonomy. This option would enable many seniors to live near services without having to move to another neighbourhood or city, or into a seniors' residence. Apartment buildings are often located in strategic areas, near neighbourhood service hubs used by many older adults, with adequate public transit. Subsidized housing, particularly cooperative and community-based models, should be considered a complement to private housing, or should be offered in partnership with the private sector.

Lastly, most city suburbs and mid-sized cities were designed for drivers, often to the detriment of pedestrians. A major



concern is whether people can walk safely in an area, especially in the immediate vicinity of seniors' residences. Planned or ongoing road repairs in several municipalities are an opportunity to rethink their design in order to make roadways safer and more pedestrian-friendly (see the article by Negrón-Poblete and Lord in this issue). This would encourage people to walk more and would have a positive impact on the health of the entire local population. This relatively simple solution would help to promote aging at home, whether home is in a seniors' residence or not.

Acknowledgements

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Facilitating walking for older adults living in suburban areas or mid-sized cities in Quebec: AN URBAN PLANNING CHALLENGE

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One of the social challenges of aging is finding ways to allow older adults to remain in their community, if they so desire. Aging in place allows them to stay in an environment they know well, that holds many memories for them. Aging in a place they know also allows older adults to maintain a certain control over their environment and to plan for the future. In this sense, it can help them adapt to the challenges associated with declining health, by creating new habits in a familiar environment.¹ ➤



Walking outdoors allows people to get to know their neighbourhood.² Being able to walk around one's neighbourhood helps to develop and maintain a sense of being at home. It contributes to feelings of autonomy and independence, in addition to having positive effects on health, which have been widely documented. Older adults living in areas that facilitate walking are more likely to practise this activity. One of the objectives of the *Vieillir au Québec* study³ was to better understand the role that walking plays in the positive experience of aging of older adults living in areas with distinct urban characteristics. Although a neighbourhood's walkability is not always easy to define, there is general agreement on the characteristics and features contributing to a safe and enjoyable walking experience. After providing a brief overview of the elements likely to facilitate walking among older adults, we will present our observations based on walkability analyses, as well as focus groups with older adults living in suburban areas and mid-sized cities in Quebec.

ELEMENTS CONTRIBUTING TO A STREET'S WALKABILITY

Elements that are likely to affect pedestrian safety are of particular importance to the older population. High-quality pedestrian

facilities go a long way toward ensuring a safe walking experience. Sidewalks are without a doubt the most important factor in the equation, particularly in areas with heavy traffic.⁴ Ideally sidewalks should be cleared with a well-maintained surface (especially in winter) and sufficiently wide for several people to walk side by side without bumping into obstacles. Buffer zones separating sidewalks from the road also facilitate walking, particularly for older adults with reduced mobility or who need a walking aid. This is especially true along roads with heavy traffic. Poor safety conditions at intersections also have a negative impact on the walking experience. Visible pedestrian crossings with traffic lights dedicated to pedestrians are much appreciated by older adults, especially when they allow sufficient time for them to cross the street.

A number of features in the urban environment act as "magnets" for older adults, encouraging them to walk. Examples include spaces that promote social exchanges, such as stores, quality public spaces, community centres and churches. Activities encouraging older adults to go to specific locations (grocery stores, pharmacies, coffee shops) can also be an incentive to walk.⁵

Elements that make places more accessible are often top criteria in walkability assessments. Benches

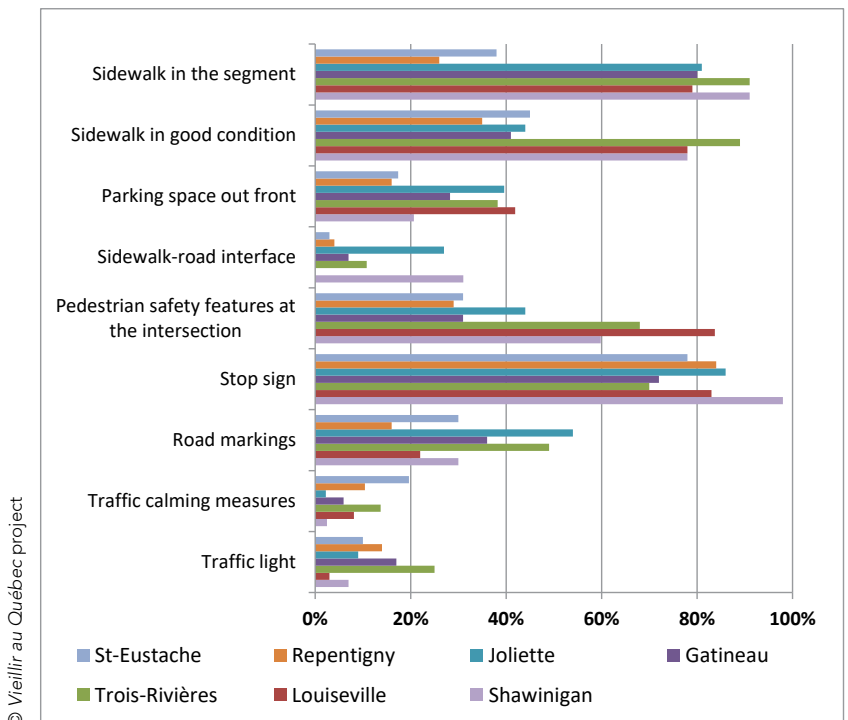
or a public transit service are important resources in low-density areas when destinations are too far to reach on foot, as well as for older adults with reduced mobility. Poor pedestrian accessibility can nonetheless be compensated for by streets with attractive features. Older adults appreciate clean, busy streets and quality public spaces that allow for ongoing vigilance, or "eyes on the street."⁶ They also like abundant vegetation, which protects them from the sun in summer and adds to the street's overall aesthetic appeal.

THE WALKING EXPERIENCE OF OLDER ADULTS IN SUBURBS AND MID-SIZED CITIES

To better understand the walking experience of older adults in Quebec, we led seven focus groups with older adults in seven cities: Louiseville, Shawinigan and Trois-Rivières (Mauricie); Joliette (Lanaudière); Saint-Eustache and Repentigny (Montreal suburbs), and Gatineau (Ottawa-Hull suburb). Since there was a variety of urban characteristics among these localities, and even within each locality, we selected 15 residential sectors that were sufficiently representative of the different urban settings in the cities studied, and which had a higher concentration of people aged 65 and older than the average in the city as a ➤

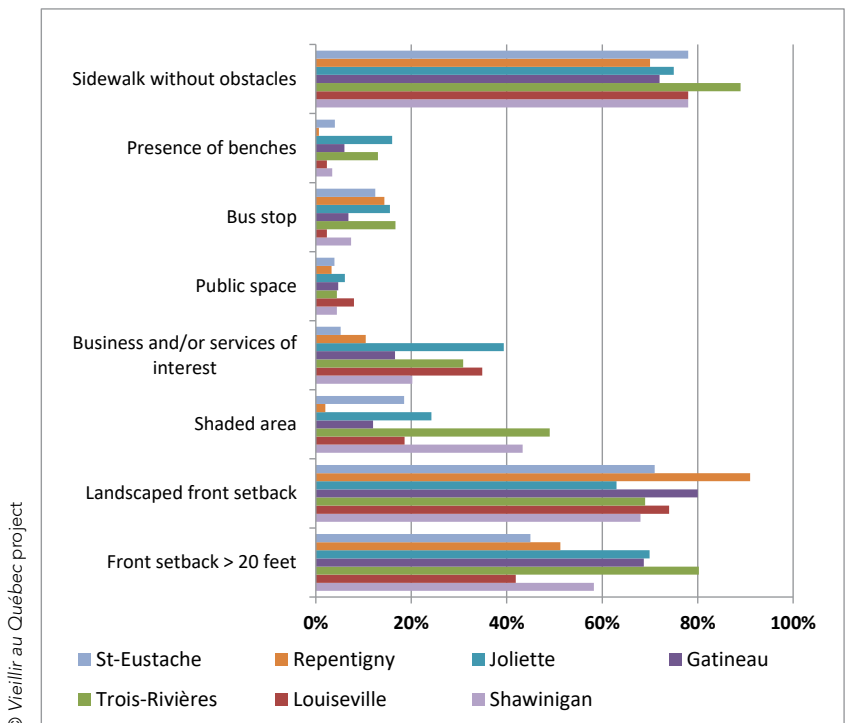
whole. Using an environmental audit⁷ (a tool that reveals the absence and presence of certain elements affecting the walking experience of older adults), we evaluated streets within a 500-metre radius of key destinations for older adults in terms of their safety and attractiveness: a commercial street, a shopping mall, a health care facility and a retirement home.

Our overall analysis of nine safety variables (see Figure 1) and eight attractiveness variables (see Figure 2) for 1,180 street segments, revealed environments in which safety features outweighed attractiveness characteristics. Sidewalks were often present: in 79% to 91% of the segments audited in the same locality (with the exception of Repentigny and Saint-Eustache where less than 40% of the audited segments had a sidewalk). However, there was often a parking space in front of the lots and slopes had to be integrated into the sidewalks to allow cars to enter and leave. This was especially unpleasant for older pedestrians, as one participant in our Shawinigan focus group noted: *“It’s too bad that cities make sidewalks for cars instead of people.”* Buffer zones between the sidewalk and the road were rare, and this posed a true risk to older pedestrians. The situation was particularly difficult in suburban areas; older adults therefore adopted strategies to make their outings safer: *“Just one wrong move, and you can get hit by a car ... I prefer taking*



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Figure 1. Presence of elements that made walking safer in the streets audited



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Figure 2. Presence of elements that made for a pleasant walking experience in the streets audited



the small streets” (participant in the Repentigny focus group). We also found that sidewalks were of poor quality. With the exception of Trois-Rivières, Louiseville and Shawinigan, less than 45% of the audited segments had well-maintained sidewalks, a factor that obviously compromised the safety of older pedestrians: *“When you’re walking you always have to look at the ground; it’s easy to trip”* (participant in the Gatineau focus group). The situation becomes even more complicated in winter when cities tend to prioritize snow removal on major arteries with more traffic, to the detriment of more local streets.



Figure 3. A residential area with plenty of vegetation at Saint-Eustache.

The safety conditions at intersections varied from one city to the next and even within the same city. Louiseville stood out with 84% of its audited intersections including features to help pedestrians cross the road (this was also true, to a lesser extent, of Trois-Rivières and Shawinigan, which had rates of 68% and 60% respectively). In other localities, less than one segment in two (45%) provided safe conditions for pedestrians to cross streets. In addition, safety features were often limited to a single stop sign (70% to 98% of cases), sometimes accompanied by road markings. Crossing major boulevards was particularly challenging, since traffic lights were programmed to facilitate the flow of traffic, not the crossing of older pedestrians who walk more slowly than the average person: *“Will they wait until there*

are lots of accidents and deaths before they take action? It’s as if it wasn’t important” (participant in the Trois-Rivières focus group).

The audited streets were generally wide, which encouraged motorists to drive faster, even if there were often only two lanes. Traffic calming measures were more present in metropolitan areas such as Gatineau, Trois-Rivières, Repentigny and Saint-Eustache. Traffic lights were rare (less than 15% of the streets audited), except for sectors in larger cities like Trois-Rivières and Gatineau (25% and 17% respectively). However, outside metropolitan areas and large urban centres, clashes with motorists appeared more limited, notably in local streets, because of the low population density: *“Here it’s not a problem to walk on the road. That’s the advan-*

tage of a small city. There aren’t a lot of cars and they let us pass” (participant in the Shawinigan focus group).

Low population density also translates into features that enhance the streets’ perceived attractiveness. In a residential context, a relatively low lot occupancy means that residential buildings have a significant front setback—often more than 20 feet—allowing space for landscaping, which makes for a pleasant walking environment. Vegetation is abundant in certain areas, creating shaded areas that are especially appreciated (Figure 3): *“There are lots of trees ... it’s a city with a lot of trees ... trees that are hundreds of years old”* (participant in the Saint-Eustache focus group). Trois-Rivières and Shawinigan are noteworthy in this regard, since almost half ➤



Figure 4. Public spaces on Saint-Eustache Street

of all the segments audited had attractive features. Repentigny is rather exceptional: despite the presence of large landscaped front yards, barely 2% of the segments audited provided shade.

However, the low population density of most suburbs and mid-sized cities makes it difficult to establish businesses and services nearby. Even in urban areas like Joliette, Louiseville and Trois-Rivières, stores and community and health services, which are likely to encourage older adults to walk, were only found in a third of all segments and most often, to a limited extent. In addition, public spaces (parks, squares)

were almost inexistent (they were found in less than 10% of the segments audited, see Figure 4). Yet having commercial and green spaces nearby is a great incentive for older adults to walk, even when they are accustomed to driving: *"I don't take my car [to go to the mall], I always go on foot"* (participant in the Saint-Eustache focus group). Living near stores can even motivate older adults to completely change their mobility habits: *"I got rid of my car when I moved here; I run all of my errands on foot"* (participant in the Repentigny focus group).

There were not many bus stops in the streets of the cities analyzed

(between 2% and 17%), which makes it difficult for older adults without a car to reach more distant destinations: *"There should be a bus system . . . for seniors only. A bus that would pick us up and take us to the mall"* (participant in the Saint-Eustache focus group). Moreover, benches are the exception rather than the rule, which makes it more difficult to walk longer distances. In a context of low-density areas with no mixed-used development, and in the absence of public transit, cars become essential. As one participant in the Louiseville focus group noted: *"Your car is your main mode of transport. When you no longer have a car, it's a big loss. You have to find someone to give you a lift"* Urban settings that encourage car dependency make walking difficult. They especially affect the autonomy of older adults in these areas and do not create the right conditions for them to "age in place."

WALKABILITY: A COMBINATION OF SAFE AND ATTRACTIVE STREETS

Once the factors contributing to the safety and attractiveness of a street have been identified, it is important to put in place concrete urban planning actions that will help people to age in place. In this section of the article, we present proposals for two sectors in the city of Saint-Eustache, a suburb of Montreal.



Figure 5. Proposal for Saint-Louis Street: add safety features and draw attention to public spaces

The first sector includes Vieux-Saint-Eustache, a residential sector mostly made up of ancestral single-family houses. The residential streets are quite narrow and often do not have a sidewalk, or only have a sidewalk marked on the street. However, large landscaped front yards create an attractive walking environment (Figure 3). The sector is close to Rivière du Chêne and Rivière des Mille-Îles, with plenty of green spaces and passive recreation areas, which add to its appeal. The main street, Saint-Eustache Street, has a number of stores and services, and many public spaces with pedestrian-friendly features. There are even murals

on some buildings for pedestrians to enjoy.

A variety of actions have been taken on Saint-Eustache Street to give priority to pedestrians: restricted vehicle access, repaving, safe intersections, new meeting places, and the installation of street furniture and lighting. All of these actions will transform this street into a large public space, encouraging walking for all. But despite this transformation, it will still be a challenge to ensure that older adults are able to travel safely to this new public space.

We propose making changes to Saint-Louis Street that will

allow residents in the southern part of the city to easily walk to Saint-Eustache Street. This street provides access to the Rivière du Chêne park, as well as the Paul-Sauvé promenade and the church along Rivière des Mille-Îles—all popular destinations for older adults living nearby. However, Saint-Louis Street is also a major artery towards the bridge leading to the city of Laval. It gets a lot of traffic, particularly during peak traffic periods, which does not make for a pleasant walking experience. Our proposal targets a section of approximately 300 metres along Saint-Louis Street, from the intersection with Saint-Eustache Street heading >

“Your car is your main mode of transport. When you no longer have a car, it’s a big loss.»

south. The idea is to enhance its role as a pedestrian-friendly route to the now redeveloped main street (Saint-Eustache Street). The proposal includes four points (Figure 5):

1. Put in place a vegetation strip along the sidewalk up to the bridge that crosses Rivière du Chêne, in order to create a buffer zone between pedestrians and cars.
2. Reduce the speed limit to 30 km/hour up to David-Lord Street, which leads to two retirement homes.
3. Make the pedestrian crossing safer by installing a mandatory stop sign, clearly marked with paving in a contrasting colour.
4. Use clear signage and reflective bollards to show the way to the Rivière du Chêne park and cemetery.

The second proposal covers a more recent residential section, near Autoroute 640. This part of the city is similar to many suburban residential neighbour-

hoods in Quebec. The streets here have more safety features, but are not visually appealing. In addition, there are many dead-ends, which means people have to walk longer distances. There are big-box stores along Arthur-Sauvé Boulevard, a major artery that is not pleasant for pedestrians, but where there are a number of bus routes.

Older adults without a car who live in the northern part of the city can take one of the bus routes along Arthur-Sauvé Boulevard to the terminal near Saint-Eustache Street. We propose adding a “mobility corridor” along Pie-XII Boulevard—the only road that connects the residential sectors on both sides of Arthur-Sauvé Boulevard. In addition to offering safe and easy access to buses travelling to the new main street, Pie-XII Boulevard would also become a public space encouraging older adults to walk more. The proposal includes three points (Figure 6):

1. Develop a designated pedestrian-friendly space in the median strip on Pie-XII Boulevard.
2. Enhance the vegetation coverage along the median strip and install places to sit.
3. Ensure safe, well-lit crosswalks allowing pedestrians to reach the median strip from both sides of the boulevard.
4. Set up raised pedestrian crosswalks between the various sections of the median strip.

CONCLUSION

Promoting active aging in mid-sized and low-density areas is a major challenge for Quebec municipalities. Beyond one-off interventions aimed at improving pedestrian safety (new sidewalks, countdown pedestrian signals), urban planning itself needs to be guided by a new vision. In these urban areas, there is significant car dependency, because the low population density encourages the concentration of businesses and services in strip malls and outdoor shopping centres that are difficult to access without a car. Moreover, public transit services, if they exist, are often organized according to the needs of workers (peak traffic periods,



Figure 6. Proposal for Pie-XII Boulevard: a new public space

access to employment centres or transportation hubs). It is therefore not surprising that older adults continue to use their cars as long as they can.

The loss of a driver's license appears to be one of the factors leading older adults in these areas to move to a retirement home. This type of dwelling provides access to a variety of activities, either on site (social activities) or via a shuttle service (grocery store). Cities do not seem to sufficiently control the location of these residential complexes, despite their large size. These homes are often built in peripheral areas near highway junctions or along main boulevards in environments that are hostile to pedestrians. The older adults who live there are therefore forced to

walk and get their exercise within the complex itself. If this trend continues, we risk promoting the emergence of ghettos—gated private developments on the outskirts, where older adults will have all the services they need, but will be cut off from the rest of the city. Is this the environment we want for our older adults in Quebec's municipalities?

Acknowledgements

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VIVRE EN ÉQUILIBRE: an innovative program for seniors who are concerned about falls

Falls among older adults are a major public health issue given their frequency and negative consequences. Every year, it is estimated that about one-third of community-dwelling adults aged 65 and over have at least one fall. This raises concerns given that over half of all falls lead to injury.¹ Some falls only cause minor injuries, such as a simple abrasion or bruise, but others lead to more serious injuries such as a hip fracture or head trauma. These injuries can have detrimental consequences on a person's independence and quality of life. ➔

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Not only can falls cause physical injuries, but they can also have serious psychological consequences. Indeed, after a fall, seniors may develop an intense fear of falling, which can lead them to overly restrict their daily activities, which in turn can cause a premature physical and functional decline. Ultimately, seniors may become more likely to fall and hurt themselves, which may exacerbate their pre-existing fear of falling. This may perpetuate a vicious circle of fear of falling (see Figure 1). Furthermore, besides being a fall risk factor, fear of falling can have a negative impact on an older person's independence, social participation and quality of life.² Fear of falling is very common among seniors. According to one study, up to 55% of community-dwelling seniors aged 70 or more are afraid of falling.³ It is therefore important to pay particular attention to this phenomenon.

Despite these considerations, very few fall prevention programs specifically address fear of falling and its impact on daily activities. *Vivre en Équilibre* (Living in Balance), a community group program targeting fear of falling and its consequences on seniors' social participation and quality of life, was designed to fill this gap.⁴ In the following paragraphs, we briefly describe the *Vivre en Équilibre* program and outline the main results of a recent study of its impact.

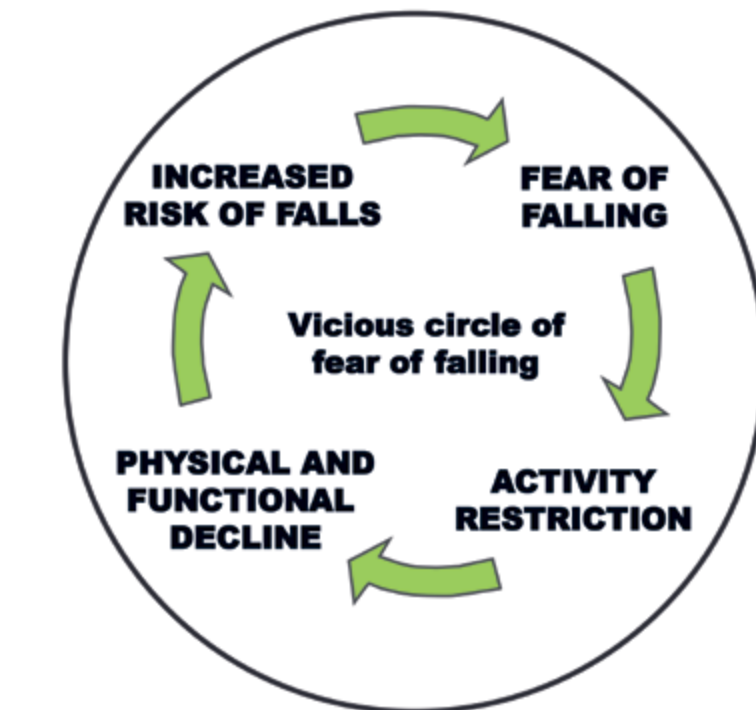


Figure 1. The vicious circle of fear of falling

THE VIVRE EN ÉQUILIBRE PROGRAM

Vivre en Équilibre (VEE) is a group program designed to help seniors gain confidence in their ability to prevent falls while remaining active. It was developed by a team of researchers and practitioners from Université de Montréal, the University of Montreal Geriatric Institute Research Centre, and the Centre for Research and Expertise in Social Gerontology (CREGÉS). VEE is based on social cognitive theory⁵ and is inspired by an American program called *A Matter of Balance*,^{6,7} one of the very few programs targeting older adults' fear of falling and its impact on their activities. A special feature of the VEE program is

that it was designed to be offered by peers (seniors). This approach, which promotes empowerment and highlights the role that older adults can play in their community, is increasingly used in health promotion because it benefits both participants and peers.⁸ Moreover, VEE activities have been designed to stimulate playful learning. Seniors selected to lead the program are required to attend a two-day training session (the training is provided by the Centre AvantÂge at the University of Montreal Geriatric Institute), where trainees can learn about the program content and material, and acquire the knowledge and skills to lead the program.

The VEE program includes eight two-hour sessions in which the following topics are addressed: myths about falls and aging, personal risk factors, safe versus risky behaviours, risk factors in the home and community environment, physical activity, assertiveness techniques, social network, and useful resources in the community. Through these sessions, participants learn about concrete strategies to prevent falls. The program comprises short presentations, group discussions, self-reflexive exercises, and playful activities (e.g., quizzes, group games, role-playing). In each session, simple, user-friendly documentation is provided to help participants review the notions learned. The group program also includes a module of simple physical exercises to be carried out in a seated position. Participants are encouraged to practise these exercises on their own at home.

STUDY OF THE IMPACT OF THE VEE PROGRAM

A study of the impact of the VEE program was conducted between 2015 and 2018. It was carried out in 12 independent-living residences for older adults in three urban centres in Quebec (Montreal, Sherbrooke and Trois-Rivières). In each residence, a resource person (generally a recreation professional) was in charge of recruiting approximately 12 adults aged 65 and over who were worried about falling, who

could walk on their own (with or without a mobility aid), and who were interested in participating in the study. In six residences, 74 seniors were recruited to participate in the peer-led VEE program (VEE groups). The resource person in each residence was present during the sessions to provide the peer leader with logistic support. In the other six residences, 61 seniors were recruited for the study and were given an information pamphlet on falls and how to prevent them (control groups). In the interest of fairness, participants from the control groups had the opportunity to participate in the program once the data collection phase of the study had been completed.

Individual interviews were carried out with all study participants (VEE groups and control groups) at three points during the study, namely before and after the program, and five months later. The interviews included questions about fear of falling and other psychological factors related to falls, activity restriction associated with fear of falling, physical activity levels and social participation, and mobility within the community, as well as questions about falls. The interviews also included questions designed to determine participants' knowledge about falls and how to prevent them. Statistical analyses were conducted to measure the effects of the program by comparing, at three points, seniors who participated in the VEE program with those from the control groups.

DESCRIPTION OF PARTICIPANTS

In total, 135 seniors with an average age of 85 participated in the study. The participants were mostly women (91%), lived alone (87%), and used a mobility aid (61%). Nearly one-third of the participants (30%) said they were often or very often afraid of falling, and almost as many (26%) limited their activities as a result of this fear. Finally, about 40% of participants had fallen in the previous year.

STUDY RESULTS

The results highlighted several positive effects of the VEE program on psychological factors associated with falls. Older adults who participated in the program reported that they had more control over falling, as well as enhanced self-efficacy with regard to fall prevention when compared to the control groups.

Also, five months after the VEE program ended, participants reported a decrease in the number of activities they avoided due to their fear of falling (e.g., taking a bath or a shower, shopping in their neighbourhood).

The results also revealed that the program had a positive effect on seniors' physical activity and social participation. In fact, when compared with participants from the control groups, the VEE group participants engaged in physical



activity (e.g., gentle fitness, stretching, aquafitness) more frequently by the end of the program (see Figure 2). Five months after the end of the program, the *VEE* group participants showed a significant increase in their participation in social activities (e.g., visiting family members, going to a community centre), compared with the participants in the control groups.

Finally, the study showed that the program increased seniors' knowledge about falling more than the pamphlet did, suggesting that seniors who participated in the program acquired more information about falls and their prevention than did participants from the control groups.

CONCLUSION

The study highlighted several positive effects of the *VEE* program on psychological factors associated with falls and seniors' activity level, thereby supporting the hypothesis that a peer-based fall prevention program is beneficial for older adults. The peer-based approach of the program is consistent with the values of empowerment and participation advocated in health promotion. *VEE* also recognizes the important role that seniors can play in their communities, and responds to the desire, expressed by many seniors, to maintain their social participation. Peers who led the program also reported feeling useful and proud of their per-



Figure 2. The study showed a positive impact of the *VEE* program on seniors' level of physical activity

sonal accomplishment through this role.⁸ Thus, the program provides benefits not only to its participants (by offering them a positive model of active seniors), but also to the peer leaders. Given its user-friendliness and the fact that it can be easily tailored to the needs of various settings (community organizations, retirement homes, day centres), the *VEE* program can also be offered by health professionals or by other people working with older adults (e.g., recreation professionals, activity coordinators).

Finally, the *VEE* program also has the advantage of being inclusive and reaching a subgroup of seniors who are often excluded from fall prevention programs because of a lack of balance, namely seniors who use a mobility aid.

Therefore, *VEE* is a relevant program that expands the range of fall prevention services available to seniors.

NEXT STEPS

In light of the positive results and of study participants' enthusiastic response to the program, the research team is currently developing a plan to implement the program on a larger scale, in collaboration with the Centre AvantÂge of the University of Montreal Geriatric Institute, which is dedicated to promoting seniors' health. This would enable more seniors to benefit from the program, thereby enhancing efforts to prevent falls and promote wellness among older adults. ➤

To register for the VEE program or the VEE training to become program leaders, please contact the Centre AvantÂge by phone (514-340-2800, ext. 3139) or by email at avantage.ccsmtl@sss.gouv.qc.ca.

Acknowledgements

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Implementing a peer-led health promotion program for older adults:

THE EXAMPLE OF THE *VIVRE EN ÉQUILIBRE* PROGRAM

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INTRODUCTION

As Quebec's population ages, decision-makers, researchers and practitioners are focusing on innovative strategies designed to promote older adults' health and allow them to stay in their homes as long as possible. Peer education is a promising strategy in this regard. This approach involves calling on members of the community to offer health promotion initiatives to people with whom they share a characteristic or a common experience.¹ Peer education is increasingly used for a wide range of health promotion programs for older adults, including programs for promoting physical activity, healthy eating or cognitive vitality, and chronic disease self-management or fall prevention programs. ➤



Figure 1. A peer leader in action during the exercise module of VEE

Peer education in health promotion for older adults has several advantages.² Besides providing benefits to both participants and peers, it appears to increase acceptance of health messages conveyed through the programs. Moreover, because peers are often involved as volunteers, this type of initiative minimizes intervention costs while providing a service that complements those offered by health care professionals.

Given that many older adults express a desire to get involved in their community, notably through health-related activities and services,³ peer education is one of the most relevant ways to carry out

initiatives among this population. In Quebec, many health promotion initiatives for older adults are based on this approach. However, there is little evidence (data from scientific studies allowing researchers to draw conclusions about current knowledge) of the effects of these programs and the conditions required for their successful implementation.

Studying the implementation of a health promotion program requires an examination of the implementation process, a description of the conditions in which the program is implemented, and documentation of the way in which different stakeholders (e.g., participants, prac-

tioners, managers) perceive the program. This information is necessary for a detailed interpretation of the program's effects. In addition, by documenting obstacles and factors that facilitate the program's implementation, this type of study can provide useful insights into elements likely to ensure the program's sustainability.

This article aims to describe the results of an analysis of the implementation of a new health promotion program for older adults based on a peer education approach: the *Vivre en Équilibre* (VEE) (Living in balance) program. This analysis was part of a study that primarily sought to evaluate the effects of the VEE program⁴ (see the article by Filiatrault et al. in this issue).

DESCRIPTION OF THE PROGRAM

Vivre en Équilibre (VEE) is a community group program targeting fear of falling and its impact on the social participation of older adults.⁵ Inspired by an American intervention,⁶⁻⁷ VEE is differentiated by being designed to be peer-led (see Figure 1). It consists of eight two-hour sessions, offered to groups of approximately 12 older adults. In each session, participants are shown concrete ways to prevent falls, and are given practical exercises to apply new knowledge in their daily life. The program also includes a short module of



physical exercises to be carried out during the group sessions and individually at home. A more detailed description of the program is presented elsewhere (see the article by Filiatrault et al. in this issue).

TRAINING FOR PEER LEADERS

Persons interested in leading the *VEE* program are required to complete a two-day training session (this training is offered by the Centre AvantÂge at the University of Montreal Geriatric Institute; for more information, contact AvantÂge: 514-340-2800, ext. 3139 or avantage.ccsmtl@ssss.gouv.qc.ca). On the first day of training, participants are presented with data on falls and fear of falling, together with evidence supporting the importance of fall prevention. Trainees are then introduced to the program, specifically its origins, objectives, philosophy and material. Finally, a demonstration of the physical exercise module allows the future program leaders to practise each of the exercises. At the end of the first day, the peers are asked to “study” a section of the program as homework in preparation for the second day of training, where they will have to practise leading the program. After this practice, trainees receive feedback about their performance from the trainer and other participants.

STUDY OF THE IMPLEMENTATION OF THE *VEE* PROGRAM

The study presented here focused on the implementation of the *VEE* program in six independent-living residences for older adults in three urban centres in Quebec (Montreal, Sherbrooke and Trois-Rivières). These residences had between 150 and 365 apartments. In each residence, a resource person (a recreation professional) was in charge of recruiting independent older adults with a fear of falling to participate in the *VEE* program. The resource person was also in charge of preparing the program schedule, making sure an appropriate room was available to hold the program sessions, and providing technical support to the leaders (peers) during program delivery. In total, 71 of the 74 older adults who took part in the *VEE* program as part of the effectiveness study⁴ were also involved in the analysis of the implementation of the program. Participants were, on average, 86 years old, were mainly women (93%) and were mostly living alone (87%). The vast majority of these older adults (93%) matched the population targeted by the program, namely older adults who are afraid of or worried about falling. The peers were recruited by the research team, who approached older adults with whom they had already worked. In addition, an ad was posted on the website of a retiree association. All recruited peers were women aged 70 to

83, who had some experience in leading groups (between 2 and 35 years of experience).

Various methods were used to document the implementation of the *VEE* program, namely: 1) a participant attendance sheet; 2) a logbook to be completed by the leaders; 3) structured observation of one program session in each group by a member of the research team; 4) a phone interview that evaluated each participant’s level of satisfaction at the end of the program; and 5) individual interviews with the leaders, the recreation professionals at the residences, and a subgroup of participants. These methods were used to gather information on the various dimensions of the implementation process, namely implementation fidelity (the degree to which the program was offered as described in the guide), the response of participants, peer leaders and recreation professionals to the program, and the conditions that facilitated or hindered the implementation.

IMPLEMENTATION FIDELITY

To grasp implementation fidelity, we first analyzed the proportions of program activities that were conducted. At the end of the program, the facilitators reported having completed most of the *VEE* activities (between 98% and 100%). Then, the degree of conformity with program guide- ➤

lines was assessed qualitatively by two members of the research team who independently completed an evaluation chart with various statements related to the program guidelines (e.g., sharing of personal experience, changing erroneous beliefs regarding falls, positive reinforcement, playful approach). The two members of the research team based their evaluation on the content of interviews and logbooks, as well as on observational data. In this study, the degree of conformity with the program guidelines was considered average to high, depending on the group. In more qualitative terms, peer leaders reported having made a few changes to the program. Most of these changes were in keeping with the program objectives (e.g., using concrete examples to reinforce more adapted beliefs concerning falls, focusing on a key theme of the program, adding information that was relevant and specific to the group). Other adaptations were made because of time constraints (e.g., changing the activity sequence in a given session; omitting some sections of the program content). On a few occasions, some peer leaders strayed from the program objectives (e.g., adding content not related to fall prevention).

RESPONSE TO THE PROGRAM

The response to the program was very positive among participants, peer leaders and recreation professionals from residences. For the participants, this positive response was reflected in a very high attendance rate (91%) and a low drop-out rate (9%). In addition, during the phone interview, the vast majority of participants said they were either satisfied (30%) or very satisfied (67%) with the program. The following quotes show the participants' appreciation of the program's benefits, notably regarding developing their self-confidence and learning about ways to prevent falls:

I think a lot less about it [fear of falling] and that makes me feel much safer... It gave me a lot of self-confidence, which I didn't have before. (Participant in a Trois-Rivières residence)

Lots of practical tips, like when you get out of bed, you shouldn't walk right away. You should sit for a couple of minutes on your bed... I have only positive things to say about it. You can get a lot out of these courses.

(Participant in a Montreal residence)

The most appreciated elements about the program were the information and tips on how to prevent falls, the skills of the peers who led the program, and the physical exercise module. The participants also appreciated the fact that the program was offered by an older adult. This allowed them to share their experiences in a climate of trust, understanding and respect.

We talked about the same problems. She [the peer leader] has experience. She can talk about her experience. I liked the fact that she was also older. (Participant in a Montreal residence)

For us, it was an advantage, because if there were things we couldn't do, she understood... it was logical to have an older person.

(Participant in a Sherbrooke residence)

The elements of the program that were less appreciated by participants pertained to the program format. Indeed, several participants considered the sessions to be too long (two hours) or too frequent (twice a week).

The peer leaders and resource persons from the residences reported being satisfied (42%) or very satisfied (58%) with their experience of the program. The peer leaders appreciated the interactive nature of the activities, which promoted exchanges among the participants, and the user-friendliness of the program guide. They also mentioned that their experience had allowed them to develop their



knowledge about fall prevention, to improve their skills in leading groups, and to establish positive relationships with the participants. Some participants said they were very happy to feel useful and to be able to help others.

It's always personally gratifying to know that you're doing something useful and that you're getting involved... I'd be happy to do it again. I think it's a really worthwhile program.

(Peer leader in a Montreal residence)

Finally, both the peer leaders and recreation professionals expressed an interest in being involved in the program again.

IMPLEMENTATION CONDITIONS

Our data analysis highlighted certain conditions that facilitated the implementation of the program. These included a vested interest in fall prevention, the interpersonal skills and experience of the peer leaders, the turnkey aspect of the program, the training provided to peer leaders, and the compatibility of the program with the residences' mission and clientele. Our observational data also showed the importance of having a large room, free of distractions, where the program could be delivered. Some obstacles were also mentioned. All recreation professionals and a few peer leaders said they found it difficult to spend so much time on the program, given its intensity (two-hour sessions twice a week) and the amount of information to be transmitted to the participants.

LESSONS LEARNED FROM THE IMPLEMENTATION STUDY

The results of this analysis showed that a peer-led health promotion program like VEE can be successfully implemented in independent-living residences for older adults. Overall, peer leaders closely followed the program guidelines during VEE delivery.

Some implementation strategies included in the program may have contributed to this positive result, such as the selection of peers with experience in leading groups, the user-friendliness of the material provided, and the training that clearly expressed the philosophy of the program. These are important strategies to bear in mind when developing and implementing a peer-led program for older adults. However, during our observation of group sessions, we noted a few modifications to the program that may affect program outcomes. These data show the importance of planning supervision and support mechanisms for peer leaders to ensure that the modifications are aligned with the program objectives.

The participants' response to the program was overwhelmingly positive. The use of a peer-led training approach may have contributed to this result. Several participants mentioned that the peer-led approach had encouraged them to share their experiences with others and had given them the feeling of being understood. Several authors have noted that older adults often perceive information provided by peers as more credible and easier to understand than information obtained via other sources.² However, the fact that several participants were less satisfied with the program format (i.e., they considered the program too intensive) shows the importance of adapting it to the pace of the group.

The results of this analysis should take certain limitations into account, notably the fact that the observation data were gathered by only one observer during a single group session. In addition, the possibility of a social desirability bias from the participants during the individual interviews cannot be ruled out, despite the clear indications given to the participants that it was important for the research team to gather both positive and negative comments in order to improve the program. Finally, it is possible that the peer leaders were particularly meticulous in their work because they knew they were participating in a study. ➔

CONCLUSION

This study of the implementation of the VEE program highlights the relevance of inviting peers to act as program leaders. It also allowed us to identify strategies to put in place for an optimal implementation of the program and thus maximize its benefits. Calling on older adults to lead such a program allows them to use their skills to serve their community and feel a great sense of accomplishment. It would be a good idea to carry out further studies to examine whether creating optimal conditions for the implementation of VEE contributes to the sustainability of this program within the implication settings, with the goal of maintaining older adults' independence level.

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HOUSING ISSUES FACING OLDER ADULTS IN QUEBEC

Société d'habitation du Québec

Older adults represent a growing segment of the Quebec population. Indeed, the percentage of adults aged 65 or older, which stood at 20.6% in 2016,¹ is expected to reach 28.5% in 2061, according to the most recent forecasts of the Institut de la statistique du Québec (ISQ).² This aging of Quebec society has, and will continue to have, a marked impact on housing demand.

The precarious situations of many people in this age group are well documented: in 2016, 27% of older adults lived alone³ and 18.7% lived on a low income.⁴ Moreover, in 2010–2011, most older adults (57.2%) had a disability, although in nearly one-third of these cases (31.2%), it was a mild disability.⁵ ➤



Florentine Dansereau retirement home in Verchères, built under the AccèsLogis Québec Program (Part 2) and completed in 2003.

Today, adults aged 65 and older make up 54.2% of the clientele benefiting from programs offered by Quebec's housing corporation, the Société d'habitation du Québec (SHQ).⁶ This fact must be considered when determining how to improve public and private housing stock so the market can better meet the needs of older adults.

NEW HOUSING NEEDS

The aging of Quebec society creates new housing needs, including a growing demand for small, affordable housing units. Housing is considered affordable when it "costs less than 30% of before-tax household income."⁷

Older adults also need adapted housing that promotes their autonomy, in other words, units that have been designed and modified to take into account occupants' abilities and limitations. Also, given the evolving nature of older adults' health, to ensure their quality of life is maintained, their housing must be adaptable, i.e., "designed and constructed to be easily, and cost-effectively, modified at a later date as the needs and circumstances of the occupants change."⁸

Finally, due to the aging of the population, adequate and accessible home support services are needed to make up for the gradual decline of certain abilities,

as well as to meet older adults' occasional needs and sudden changes in their condition. This is a considerable challenge for Quebec society and for the SHQ in particular. The quality of housing for Quebec's older adults depends on our collective ability to meet their specific needs as they change.

THE PRIORITIES OF THE SOCIÉTÉ D'HABITATION DU QUÉBEC

The SHQ is committed to improving the living conditions of older adults. Within the framework of the various governmental action plans it is involved in, the organization has developed concrete

measures to reach its objectives in this regard. The initiatives the SHQ intends to promote reflect its priorities.

Helping older adults find affordable housing

Since it was created, the SHQ has dedicated a significant portion of its budget to providing affordable housing to low- and modest-income households. The organization has made affordable housing for older adults a priority in the years to come. Under the *Plan d'action 2018-2023 – Un Québec pour tous les âges*, the SHQ has pledged to reserve at least 1,000 affordable housing units under the AccèsLogis Québec program for older adults. Several low-income senior households that will benefit from one of these housing units will also receive a rent subsidy to decrease the portion of their income they spend on accommodation.

Doing more to adapt older adults' homes to their needs

The SHQ strives to provide services that reflect the current needs of Quebec citizens. With the aging of the population and the high number of older adults living with a disability, residential adaptation has become a key step in ensuring they can remain at home under favourable conditions. Older adults can apply for

financial assistance under the SHQ's Residential Adaptation Assistance Program when their home needs to be adapted to changes in their health condition. The modifications will simplify their daily activities, allowing them to enjoy their home in a safe and independent manner for as long as possible.

The SHQ also hopes to further promote the development of innovative practices in designing and operating housing for older adults. As such, it is committed to promoting and enhancing the visibility of the Prix Habitat novateur pour aînés, an award highlighting innovative practices regarding housing and environments that promote older adults' well-being, autonomy and active aging, as well as increasing the grants given to the winners for the third and fourth editions of the competition. By encouraging initiatives designed to improve the living conditions of its clientele, the SHQ hopes to promote the creation of environments that are better adapted to older adults.

Helping older adults access appropriate home support services

The SHQ is aware of the need to better understand the situation facing Quebec's older adults. Under the 2017–2021 inter-ministerial action plan resulting from the government's preventive

health policy, it committed to conducting an external investigation by 2020 on the health and social services needs of people benefiting from subsidized housing (either public or private). The SHQ will use the results of this investigation to identify the specific needs of older adults regarding community support in subsidized housing in order to offer them access to the appropriate services. This information will be particularly useful for organizations providing those services.

Moreover, given how important home support services are when it comes to helping older adults stay in their homes for as long as possible, improved coordination between the SHQ's actions and those of the Ministère de la Santé et des Services sociaux (MSSS) remains a priority. To improve access to the services offered to older adults living in the housing units it manages, the SHQ, in collaboration with the MSSS, has committed to updating by 2020 the *Cadre de référence sur le soutien communautaire en logement social*, which is a call to action regarding community support in social housing, as well as the inter-sectoral agreement between the SHQ and the MSSS. ➤



Florentine Dansereau retirement home in Verchères, built under the AccèsLogis Québec Program (Part 2) and completed in 2003.

CONCLUSION: ACTIONS TO PROMOTE OLDER ADULTS' AUTONOMY WITH REGARD TO HOUSING

Having adequate housing is a fundamental need for all citizens. From a broader perspective, housing is a specific economic good that can contribute to wealth or impoverishment. For older adults, it represents much more

— housing affects their health, social involvement and safety, all of which have a significant impact on their ability to maintain their autonomy as they age.

One of the SHQ's main challenges is to provide older adults with housing conditions that promote their autonomy and maintain it over time. To do so, the SHQ is continuing its actions to improve the available housing stock and

ensure it better reflects the needs of this growing segment of the Quebec population. It will therefore focus its efforts on offering older adults a larger number of affordable housing units, simplifying the residential adaptation process so they can safely remain in their homes despite mild disabilities, and improving access to the home support services they need to maintain their health and autonomy. That is how the SHQ envisions its future contribution to the quality of life of older adults in Quebec.

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Urban planning and the autonomy of older adults

— MONTREAL EXPERIENCES

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As governments become aware of how aging affects the population, we can pursue a number of possible avenues in our proposals for a more inclusive society—one that is capable of integrating its aging members with their changing needs. The fact that older adults are by no means a homogenous group should encourage decision makers to put in place policies adapted to their multiple realities. This is notably the case when it comes to urban planning and the promotion of sustainable mobility. The extensive development of low-density, car-dependent zones poses a challenge to older adults who are experiencing a loss of autonomy.¹ In light of these issues, the Montreal region, like other political bodies across Quebec, is trying to integrate the needs of its older residents, notably through the Montreal Age-Friendly City program. This article reports on the projects on which the TCAÎM is working, in partnership with various local actors in Montreal, with a view to promoting the implementation of policies favourable to active aging in the community, and based on a collaborative and knowledge-sharing approach. ➔



Exploratory walk with seniors in the streets of Montreal

MOBILITY: A TOP PRIORITY

Several public consultations and surveys carried out by the TCAÎM and its partners show that mobility is a priority issue for the older population (*Portrait des besoins des citoyens âgés de l'île de Montréal* published by the TCAÎM in 2017; the Forum des âgés de Mercier-Hochelaga-Maisonneuve and the Forum des âgés de Rosemont-La Petite-Patrie, held in 2016). According to the *Portrait des citoyens âgés de l'île de Montréal*, published by the Direction régionale de

santé publique (DRSP) in 2017, *"Most older adults are still able to participate in community life, although some have limitations or disabilities that make it more difficult for them to get around or participate in certain activities ... The redevelopment / adaptation of the built or physical environment is therefore crucial to maintain their participation."*² [Translation] Furthermore, mobility is a broad topic that overlaps with health issues (active transportation, food safety, mental health) as well as the fight against social exclusion³ (social and spatial isolation), which has been an

area of focus for the TCAÎM for the past several years.

The TCAÎM observed the degree to which immediate surroundings affect the mobility of older adults over the course of the project PACTE-Rosemont, conducted in collaboration with the Applied Public Health Chair in Urban Interventions and Population Health of the École de santé publique at the Université de Montréal, and funded by the Ministère de la famille's Québec ami des âgés (QADA) program. The PACTE-Rosemont project aims to evaluate the impact of

urban interventions on mobility and the social participation and well-being of older adults in a central Montreal neighbourhood: the borough of Rosemont-La Petite-Patrie. More specifically, this project seeks to give local organizations the tools they need to lobby government bodies by backing their demands with scientific data. The project also aims to document best practices in terms of daily mobility among older adults in order to develop solutions that will be potentially beneficial for their health. Finally, thanks to this initiative, we hope that the needs of older adults will be taken into account in various planning documents, such as the local mobility plans of boroughs, and during the City of Montreal's Master Plan review.

UNIVERSALLY ACCESSIBLE FACILITIES

Many of Quebec's cities and boroughs have adopted the Age-Friendly Municipality (MADA) approach, including the City of Montreal and several of its boroughs. In many cases, the focus is on the universal accessibility of public facilities (sports, recreational and cultural facilities) and public spaces (e.g., parks), so as to encourage older adults to remain active.

But what about places that do not belong to the City, such as retail stores and health care facilities? The TCAÎM decided to look at the situation of local commun-

ity health centres (CLSCs), which do not always offer safe and adequate access to people with disabilities. The project, conducted in partnership with the Centre d'écologie urbaine de Montréal (CEUM) and supported by the Direction Régionale de Santé Publique de Montréal and the CIUSSS-de-l'Est-de-l'Île-de-Montréal, showed a number of deficiencies at the Saint-Leonard CLSC, both in the immediate vicinity (public domain) and on the property of the health centre itself—specifically, a lack of furniture (benches) along the path leading up to the health centre, a narrow access ramp, and pedestrian lights allowing insufficient time for seniors to cross intersections. Improving pedestrian accessibility in important locations such as health care facilities will help to promote active transportation and the autonomy of older adults. It will also indirectly help older adults to maintain a good quality of life and will encourage them to age in the community. Just as schools are targeted for the implementation of specific safety measures, we need an urban planning policy to systematically improve the safety features around health care facilities.

CREATING MORE INCLUSIVE CITIES

As people age, they tend to travel shorter distances. The location of key destinations should therefore be integrated into urban planning

initiatives. Destinations should not only be accessible; seniors also require good mobility conditions on a continuous basis. Moreover, these improvements would benefit the entire population: for example, families with young children, persons with temporary or permanent disabilities, and pregnant women.

Some services that are considered essential (health care facilities such as hospitals or specialty clinics), can be difficult to access for older adults living in a "mobility grey zone": often they do not have a car or driver's license, and they do not always have a network of people they can call on to accompany them. In addition, using public transit can pose a number of challenges for older adults (bus stops are too far away, fear of falling, inadequate bus routes, etc.). Despite these daily challenges, many of these older adults are not eligible for adapted transport, which is reserved for individuals who are even less mobile.

Several community organizations for older adults offer transport and accompaniment services to medical appointments, such as ATMR (Accompanied Transport for Medical Reasons). Older adults who request these services are accompanied by a volunteer to a health facility. The volunteer waits until the appointment is over and then accompanies the person home. ➤

The TCAÎM is working on linking resources by working in tandem with the organizations offering these services, in order to obtain better recognition of alternative mobility programs for older adults, such as ATMR. To this end, the TCAÎM has created a tool listing ATMR services and their modalities in two areas on the Island of Montreal (Pointe-de-l'Île and Grand Sud-Ouest). The goal was to provide this information to organizations so they could offer an improved and more efficient complementary service.



Consultation workshop with seniors

THE CITY OF MONTREAL'S 2018-2020 MUNICIPAL ACTION PLAN FOR SENIORS – A LEVER TO IMPROVE THE MOBILITY OF OLDER ADULTS?

On a city-wide scale a number of factors can have an impact on the mobility of older adults. In its most recent 2018–2020 Municipal Action Plan for Seniors, the City of Montreal considers the mobility of older adults to be a crucial determinant of their quality of life. In the section “A city and neighbourhoods on a human scale,” several actions are proposed. Some are aimed at adapting urban planning by reviewing pedestrian signals, improving sidewalk maintenance, and conducting pilot projects and temporary facilities that directly impact older adults. Other actions involve improving public

transit services, notably by ensuring that bus stops are located near important destinations for older adults.

This plan also contains more political elements. In its plan, the City of Montreal expresses its desire to see the boroughs and neighbouring municipalities integrate requirements on universal accessibility in their urban planning regulations, as required by the *Schéma d'aménagement et de développement de l'agglomération de Montréal*. The City also reiterates its position in favour of social pricing models for public transit (fares adjusted to age and income). Both of these goals require the involvement of a wide range of both local and regional organizations.

This plan creates an opening, which the TCAÎM plans to use to strengthen its role in creating living environments that are

suitable for older adults. Ultimately, we need to develop a true “age-friendly reflex” that will help us plan cities in such a way as to promote the autonomy of older residents. For Montreal, this needs to be done as part of an urban planning initiative at the highest levels (the agglomeration and the region).

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2. Direction régionale de santé publique de Montréal-DRSP (2017). *Portrait des aînés de l'île de Montréal*, page 18.
3. Lord, S., P. Negron-Poblete and J. Torres (2015). *Mobilité et exclusion, quelles relations?* Presses de l'Université Laval.



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