The Relevance of the Research Component in the Development of an Age-Friendly Cities Programs

Prof. Suzanne Garon, Ph.D., Université de Sherbrooke, Québec, Canada

Thibaud Moulaert, Ph.D., Université de Louvain-la-Neuve, Walllonie, Belgique

UNIVERSITÉ DE SHERBROOKE

Famille et Aînés Québec

Centre de recherche sur le vieillissement

Université de Liège

UCL Université catholique de Louvain

Summary :

1. A Short History Of The AFC Implementation by the WHO

2. The Wallonia's Experience (Belgium)

3. The Québec's Experience (Canada)

4. What type of researcher are we ?

1. A SHORT HISTORY OF THE AFC IMPLEMENTATION BY THE WHO

Figure 5. Villes partenaires du projet mondial Villes-amies des aînés

Région des Amériques:
Argentine, La Plata
Brésil, Rio de Janeiro
Canada, Halifax
Canada, Portage la Prairie
Canada, Saanich
Canada, Sherbrooke
Costa Rica, San José
Jamaïque, Kingston
Jamaïque, Montego Bay
Mexique, Cancún
Mexique, México
Puerto Rico, Mayaguez
Puerto Rico, Ponce
États-Unis d'Amérique, New York
États-Unis d'Amérique, Portland, Oregon

Région Africaine:
Kenya, Nairobi

Région de la Méditerranée Orientale:
Jordanie, Amman
Liban, Tripoli
Pakistan, Islamabad

Région Européenne:
Allemagne, Ruhr
Irlande, Dundalk
Italie, Udine
Russie, Moscou
Russie, Tuymazy
Suisse, Genève

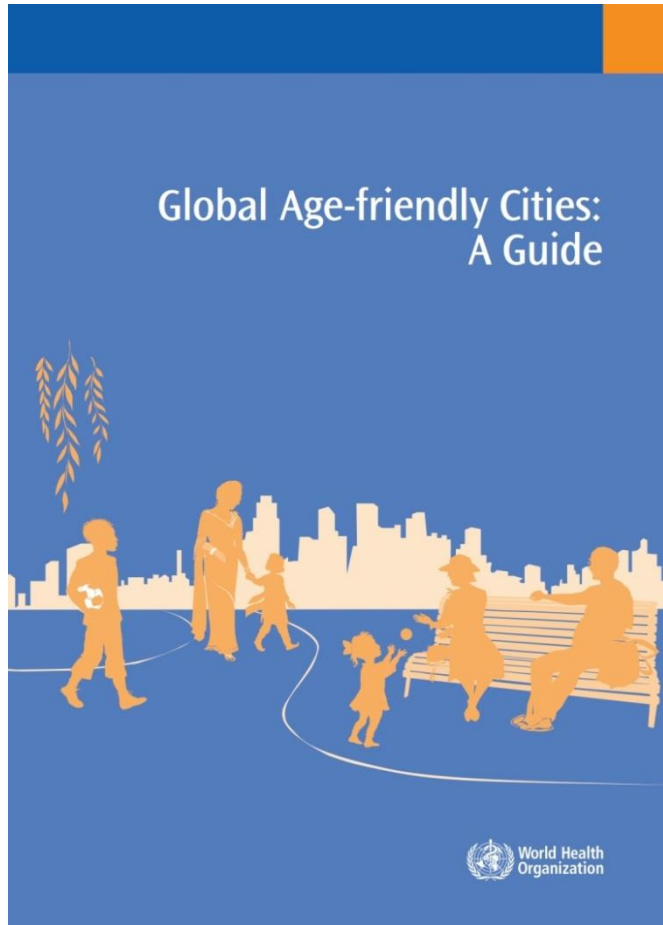Turquie, Istanbul
Royaume-Uni , Édimbourg
Royaume-Uni , Londres

Région de l'Asie du Sud-est:
Australie, Melbourne
Australie, Melville
Chine, Shanghai
Japon, Himeji
Japon, Tôkyô

Région du Pacifique Occidental:
Inde, New Delhi
Inde, Udaipur

WHO Age-Friendly Cities

Global Age-friendly Cities: A Guide

World Health Organization

World Health Organization

Checklist of Essential Features of Age-friendly Cities

This checklist of essential age-friendly city features is based on the results of the WHO Global Age-Friendly Cities project consultation in 33 cities in 22 countries. The checklist is a tool for a city's self-assessment and a map for charting progress. More detailed checklists of age-friendly city features are to be found in the WHO Global Age-Friendly Cities Guide.

This checklist is intended to be used by individuals and groups interested in making their city more age-friendly. For the checklist to be effective, older people must be involved as full partners. In assessing a city's strengths and deficiencies, older people will describe how the checklist of features matches their own experience of the city's positive characteristics and barriers. They should play a role in suggesting changes and in implementing and monitoring improvements.

Outdoor spaces and buildings
☐ Public areas are clean and pleasant.
☐ Green spaces and outdoor seating are sufficient in number, well-maintained and safe.
☐ Pavements are well-maintained, free of obstructions and reserved for pedestrians.
☐ Pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level.
☐ Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with non-slip markings, visual and audio cues and adequate crossing times.
☐ Drivers give way to pedestrians at intersections and pedestrian crossings.
☐ Cycle paths are separate from pavements and other pedestrian walkways.
☐ Outdoor safety is promoted by good street lighting, police patrols and community education.

☐ Services are situated together and are accessible.
☐ Special customer service arrangements are provided, such as separate queues or service counters for older people.
☐ Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.
☐ Public toilets outdoors and indoors are sufficient in number, clean, well-maintained and accessible.

Transportation
☐ Public transportation costs are consistent, clearly displayed and affordable.
☐ Public transportation is reliable and frequent, including at night and on weekends and holidays.
☐ All city areas and services are accessible by public transport, with good connections and well-marked routes and vehicles.

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2. *Wallonia's Initiatives*

Wallonia's Initiatives

- 2012 : call for projects from « Villes, communes, région amies des aînés »,

    – *168 cities summited projects out of 262*

    – *60 projects were selected*

    – *Subsidies between de 7 750 € à 80 000 €*

    – *1 year project*

    A very small amount dedicated for the research (case studies approach in 12 projects selected *(Moulaert T., Houioux G.).*

Learning from the Walloon experience (1)

- A 1-year program by the Health Minister... a 1 shot-program, with a 'surface' knowledge of what AFC means in *practice*

➔ 1 year funding Vs 5 years cycle in Quebec/ at WHO

➔ **Research Data's : 48 interviews** (elected politicians; local civil servants; older people representatives) in 12 selected cities

Learning from the Walloon experience(2)

- Origins of the projects: The 'good projects' are **based on existing networks** between civil servants + a strong will to work in networks

- The projects in practice: the central role of **civil servants** as 'intermediaries' between the different local actors (especially between politics AND older people)

Interesting projects **do not need** BIG money but 'practical' and 'visible' objects/actions: a bench; a journal of information for seniors; ...

3. *Québec's Initiative*

1. WHO Initiatives 2007

2006

- Vancouver Protocol

2006-2007

- 33 Cities around the world, including Sherbrooke, Quebec

2007

- AFC Guide and Checklist

2. Quebec's AFC Initiatives 2008-2013

The Quebec model:

- Based on an Active Aging framework (social participation, safety, health)

- Tied to municipal administration
- Grounded on a community building approach

- Supported by a steering committe with some appointed members (including a city councilor)

3. Quebec's AFM Initiatives 2009-…

2009-20013

- New Governmental Program

- 700 Municipalities

- Knowledge transfer :

- Guide
- Training and coaching to
- Website
- Conferences
- Accompagniment of the 10 cities with over 100 000 inhabitants
- Accompaniment of the Seniors' Secrétariat in the elaboration of the Québec of the policy

5 years	Three stages model : Diagnostic- Action Plan- Implementation (two evaluations)

1-2	**Steering committee** of different stakeholders and Seniors
	The Community Diagnostic
	    1. socio-demographic portrait;
	    2. focus groups;
	    3. inventory of services and infrastructures.
	Action Plan

3-4	**Implementation** of divers actions according to their priorities in the action Plan
2-3-4	Ongoing evaluation of the implementation
5	Ongoing activities Outcomes evaluation

USING MIXED METHODS TO CAPTURE A COMPLEX REALITY

TABLE 1. Mixed methods to capture a complex reality			
Diagnostic and Action Plan 2008-2009	N	Implementation (*Effects) 2010-2012	N
Log books and press reviews	12	Log books and press reviews*	50
Minutes of committee	78	Minutes of committee*	186
Training sessions	4	Focus groups*	25
Focus groups	6	Direct observations	25
Direct observations	6	Wilder collaboration surveys	126
Diagnostic reports	7	Organizational networking surveys	153
Action plans	7	General survey[1]*	-
[1]Scheduled for Winter 2013			

A variety of knowledge transfer activities:

- **Guide**
- **Training and coaching to differents actors**
- **Website**
- **Conferences**
- **Accompaniment of steering committees on specific issues (ex. housing)**
- **Accompagniment of the 10 cities with over 100 000 inhabitants**
- **Accompaniment of the Seniors' Secrétariat in the elaboration of the Québec of the policy**

- **Towards a community of practice approach**

MUNICIPALITÉS

& (Villes) AMIES DES AÎNÉS
au Québec

Rechercher

Participation au tissu social ›

‹ ›

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Actualités

Notre Équipe

Nous joindre

MENU INTRANET

Accueil

Comité de Pilotage

Diagnostic

Plan d'action

Mise en Oeuvre
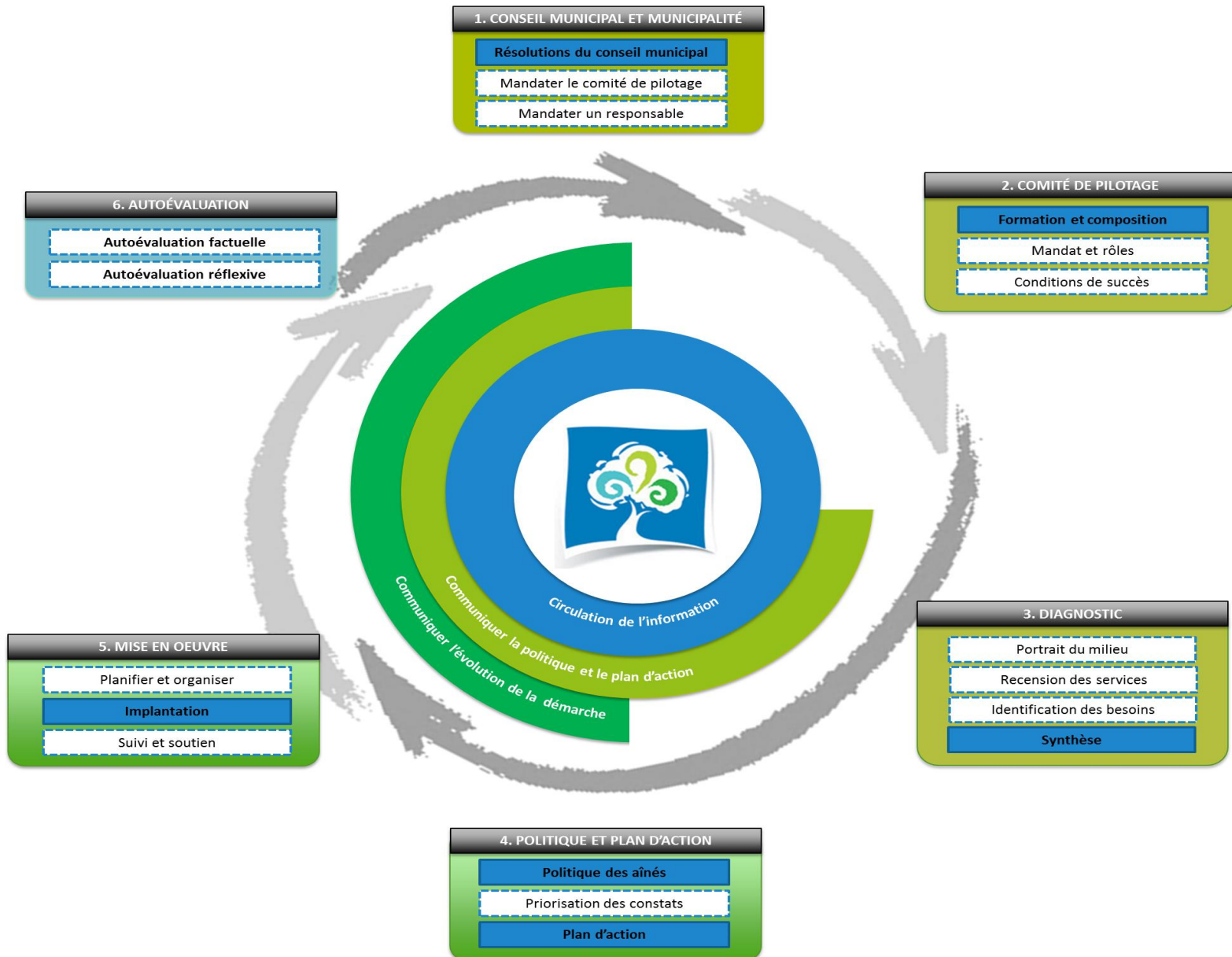
Évaluation

Modifier mon profil

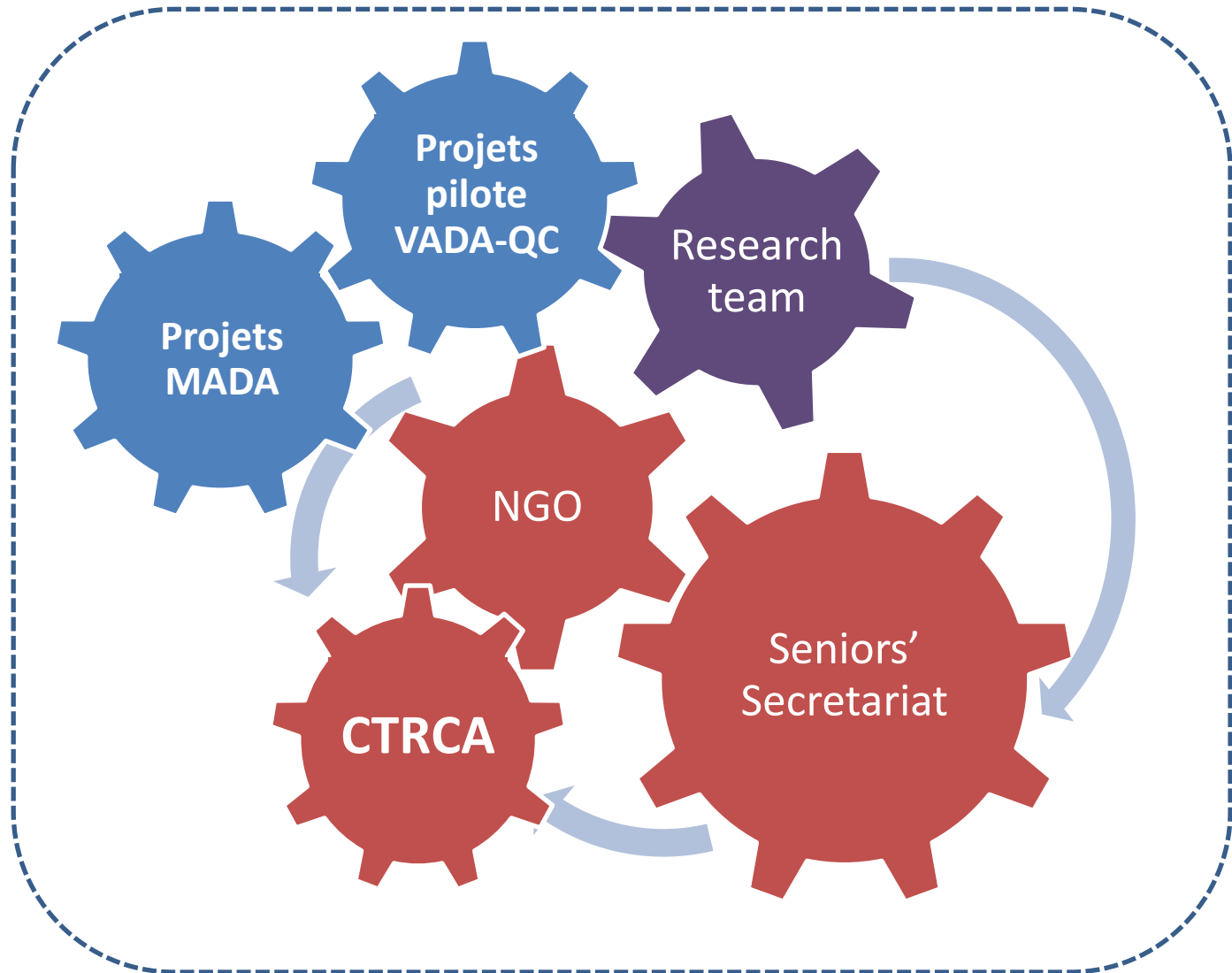## ACTUALITÉS

30 janvier 2012

Les défis territoriaux

L'équipe de recherche des Villes amies des aînés au Québec est heureuse de vous annoncer la sortie du livre *Les défis territoriaux face au vieillissement* édité par

An AFC Guide

1. CONSEIL MUNICIPAL ET MUNICIPALITÉ
- Résolutions du conseil municipal
- Mandater le comité de pilotage
- Mandater un responsable

2. COMITÉ DE PILOTAGE
- Formation et composition
- Mandat et rôles
- Conditions de succès

3. DIAGNOSTIC
- Portrait du milieu
- Recension des services
- Identification des besoins
- Synthèse

4. POLITIQUE ET PLAN D'ACTION
- Politique des aînés
- Priorisation des constats
- Plan d'action

5. MISE EN OEUVRE
- Planifier et organiser
- Implantation
- Suivi et soutien

6. AUTOÉVALUATION
- Autoévaluation factuelle
- Autoévaluation réflexive

Circulation de l'information

Communiquer la politique et le plan d'action

Communiquer l'évolution de la démarche

RESEARCH TEAM AND KNOWLEDGE TRANSFER

In one look :

Belgium (Wallonia)

- One-year Project
- Research involved only at the end of the process (EVALUATION)
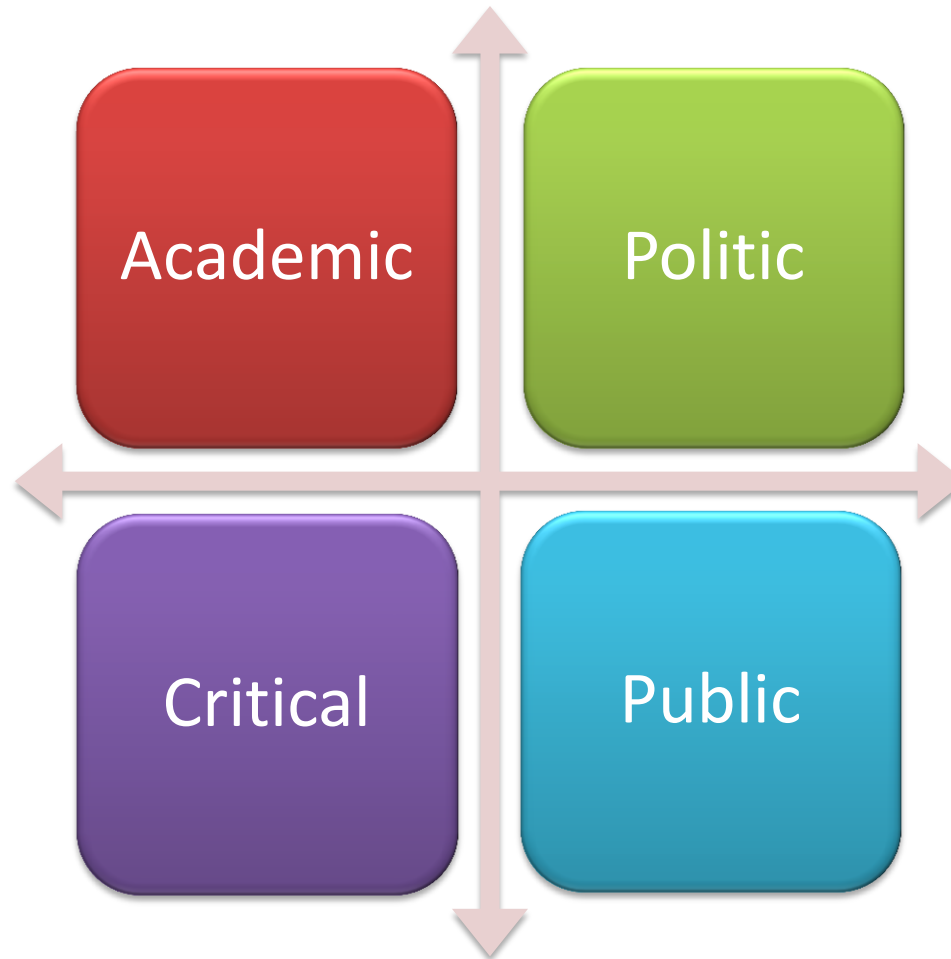- Very little outcomes

Canada (Québec)

- 5 year-project (WHO)
- Research was involved in all steps :

- from the Design, social diagnostic, action plan, implementation, EVALUATION and the knowledge transfer.)
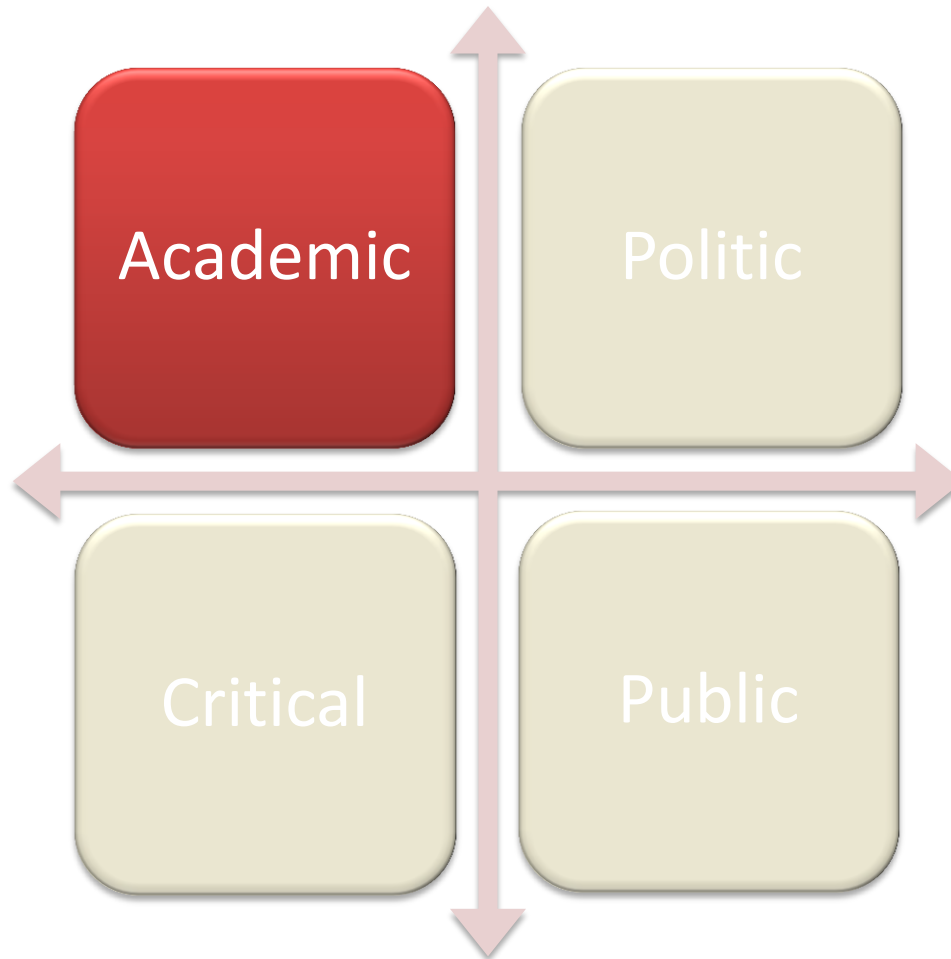
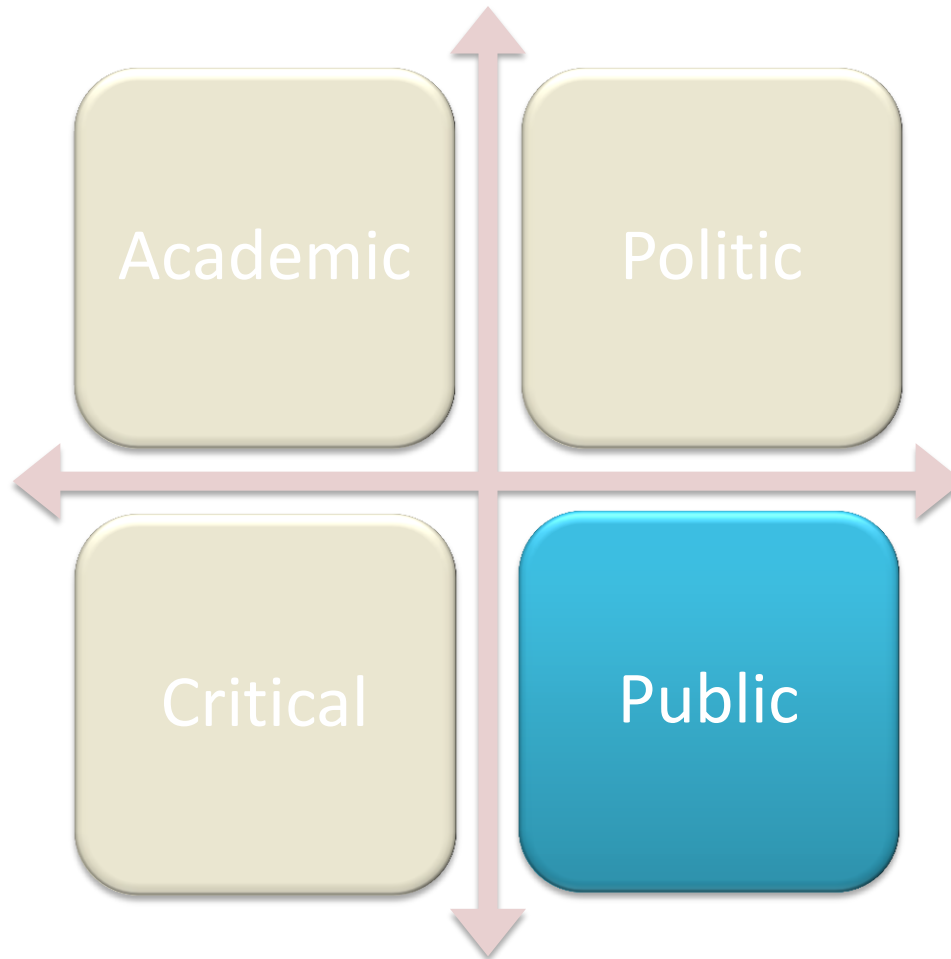# 3. *What type of researchers are we?*

Four Ideal-Types of researchers
(Inspired from Michael Burawoy
University of California-Berkeley)

Four Ideal-Types of researchers

Four Ideal-Types of researchers

A Public Researcher

- Implementation of research programs that involve daily life realities in a perspective to improve them. (Relevance)

- Presenting findings in an accessible manner.

- Research program must includes knowledge transfer strategies.

- On of its goal : enhancing public dialogue.

Who's afraid of public researchers

- We are in a world which needs KNOWLEDGE

- Some governments aren't keen of developing a public dialogue on data collections, (ex. environmental issues).

- Some academics are also reticent doing this type of research, (time consuming or lack on control of the research outcomes).

Thank You !

www.vadaquebec.ca

Bibliography :

- Burawoy, Michael. (2005). For Public Sociology, *Presidential address of the American Sociological Association.*

- Moulaert, Thibauld; Garon, Suzanne. (Submitted). Researchers behind policy developments: comparing 'Age friendly cities' models in Quebec and Wallonia in *Journal of Social Work.*