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Date August 01, 2001
Planning’s Links to Active Living for Older Adults

Abstract

Planners do not seem to recognize the significance of their role in facilitating active living for older adults. Active living is a way of life that values and integrates physical activity into daily life. Most Canadians, and particularly older adults, are not active enough to obtain health benefits. With the number and proportion of older adults set to increase significantly in Canada over the coming decades, there is an urgent need for planners to help eliminate barriers to active living.

This project uses qualitative research methods to explore planning’s links to active living for older adults. Through interviews and a literature review, four broad areas of current planning action are identified. These areas are: 1) research, policies and plans, 2) housing and neighbourhoods, 3) walking and cycling and 4) streets and plazas. Planners should create more active living opportunities in these areas as well as through inclusive processes and building design. The problems associated with sedentary lifestyles may be addressed by such efforts and by strengthening partnerships within the active living community. Additional research and evaluation of planning endeavours are also necessary. Planners concerned about healthy and sustainable communities must embrace their role in increasing the activity levels of older Canadians.
Planning's Links to Active Living for Older Adults

Table of Contents

Abstract .......................................................................................................................... ii

Table of Contents ......................................................................................................... iii

List of Table .................................................................................................................. v

List of Figures ............................................................................................................... vi

Acknowledgements ..................................................................................................... vii

Chapter 1: Introduction
1.1 Introduction ............................................................................................................ 1
1.2 Theoretical Framework ......................................................................................... 1
1.3 Problem Statement and Research Questions ...................................................... 3
1.4 Methodology .......................................................................................................... 7
1.5 Project Outline ....................................................................................................... 9

Chapter 2: The Benefits and Barriers to Active Living for Older Adults
2.1 Introduction ............................................................................................................ 11
2.2 The Benefits of Active Living ............................................................................. 12
   2.2.1 Physical Benefits ......................................................................................... 12
   2.2.2 Social and Emotional Benefits .................................................................. 15
   2.2.3 Ecological Benefits ................................................................................... 17
   2.2.4 Economic Benefits ..................................................................................... 17
2.3 Barriers to Active Living .................................................................................... 18
   2.3.1 Personal Factors ......................................................................................... 18
   2.3.2 Environmental Factors ............................................................................. 19
2.4 Summary .............................................................................................................. 20

Chapter 3: Active Living Examples
3.1 Introduction .......................................................................................................... 22
3.2 Findings ................................................................................................................. 22
   3.2.1 Research, Policies and Plans ...................................................................... 22
   3.2.2 Housing and Neighbourhoods .................................................................. 27
   3.2.3 Walking and Cycling ............................................................................... 30
   3.2.4 Streets and Plazas ..................................................................................... 31
3.3 Summary .............................................................................................................. 34
# Table of Contents (continued)

**Chapter 4: What Planners Should do to Facilitate Active Living for Older Adults**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Introduction</td>
<td>35</td>
</tr>
<tr>
<td>4.2 Findings</td>
<td>36</td>
</tr>
<tr>
<td>4.2.1 Process</td>
<td>36</td>
</tr>
<tr>
<td>4.2.2 Housing and Neighbourhoods</td>
<td>41</td>
</tr>
<tr>
<td>4.2.3 Streets</td>
<td>43</td>
</tr>
<tr>
<td>4.2.4 Walking and Cycling</td>
<td>44</td>
</tr>
<tr>
<td>4.2.5 Plans and Policies</td>
<td>45</td>
</tr>
<tr>
<td>4.2.6 Building Design</td>
<td>45</td>
</tr>
<tr>
<td>4.3 Summary</td>
<td>46</td>
</tr>
</tbody>
</table>

**Chapter 5: Future Steps**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Introduction</td>
<td>47</td>
</tr>
<tr>
<td>5.2 Future Steps</td>
<td>47</td>
</tr>
<tr>
<td>5.2.1 Partnerships</td>
<td>47</td>
</tr>
<tr>
<td>5.2.2 Further Research</td>
<td>48</td>
</tr>
<tr>
<td>5.2.3 Evaluation</td>
<td>49</td>
</tr>
<tr>
<td>5.3 Conclusion</td>
<td>50</td>
</tr>
</tbody>
</table>

**Bibliography**

<table>
<thead>
<tr>
<th>Appendix 1</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian Declaration on Active Living and Older Adults</td>
<td>56</td>
</tr>
</tbody>
</table>

**Appendix 2**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving Through the Years: A Blueprint for Action for Active Living and Older Adults, Priority Goals</td>
<td>57</td>
</tr>
</tbody>
</table>

**Appendix 3**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCOA Members</td>
<td>59</td>
</tr>
</tbody>
</table>

**Appendix 4**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview Questions</td>
<td>60</td>
</tr>
</tbody>
</table>

**Appendix 5**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Interviewees</td>
<td>62</td>
</tr>
</tbody>
</table>

**Appendix 6**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Benefits Catalogue: Marketing Messages</td>
<td>63</td>
</tr>
</tbody>
</table>
Planning's Links to Active Living for Older Adults

List of Table

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>Percentage of Canadians Not Active Enough</td>
<td>11</td>
</tr>
</tbody>
</table>
# List of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Physical Inactivity Levels in Canada, 1999</td>
<td>12</td>
</tr>
<tr>
<td>Figure 2</td>
<td><em>Taking Steps: Modifying Pedestrian Environments to Reduce the Risk of Missteps and Falls</em></td>
<td>23</td>
</tr>
<tr>
<td>Figure 3</td>
<td>Senior-Friendly Neighbourhoods, Regina, Saskatchewan</td>
<td>26</td>
</tr>
<tr>
<td>Figure 4</td>
<td>Celebration, Florida</td>
<td>29</td>
</tr>
<tr>
<td>Figure 5</td>
<td>Marketing Activity, Elliot Lake, Ontario</td>
<td>30</td>
</tr>
<tr>
<td>Figure 6</td>
<td>Walking and Cycling Options, Halifax, Nova Scotia</td>
<td>31</td>
</tr>
<tr>
<td>Figure 7</td>
<td>Harris Green, Victoria, B.C</td>
<td>32</td>
</tr>
<tr>
<td>Figure 8</td>
<td>The Music Garden, Harbourfront, Toronto, Ontario</td>
<td>33</td>
</tr>
</tbody>
</table>
Acknowledgements

I’d like to thank my husband, Bob, for his incredible support during the last two years. I couldn’t have survived the challenge without him. I am indebted to John Foster, Senior Social Planner with the City of Burnaby, for encouraging me to explore this topic. I would like to express my sincere gratitude to all the people I interviewed for this project. Their insights were invaluable. I am grateful to the Canadian Institute of Planners and the Active Living Coalition for Older Adults for allowing me to be the link between the two organizations. Dr. Penny Gurstein’s assistance as project supervisor was appreciated. Finally, I’d like to thank my UBC classmates who enriched my graduate experience in countless ways.

Tina Atva
June, 2001
Vancouver, B.C.
Planning’s Links to Active Living for Older Adults

Chapter 1
Introduction

1.1 Introduction

Over the last decade, Canadian planners have been tackling issues associated with an aging population. An example is housing options that allow our elders\textsuperscript{1} to remain in their communities and age in place. Another is policy to create barrier-free access. Yet when it comes to active living for older adults, planners do not seem to recognize the significance of their role. Even the planning literature that champions pedestrian-oriented environments appears silent on the multiple benefits that can result from a population that is physically active. Those involved in health research and promotion, however, are much more enthusiastic about active living. They are also resolute in identifying a role for planners in promoting the concept for older adults.

This research project is an exploration of the links between planning and active living for older adults. Active living values and integrates physical activity into daily life, while emphasizing the links between physical activity and emotional and social well-being (ALCOA, 1999a). The three research questions below relate to the relevance of active living to planning, as well as what planners are and should be doing to facilitate active lifestyles for older adults. To answer these questions, qualitative research methods were used. These included literature searches and interviews. Despite the absence of an explicit recognition of planning’s links to active living in the literature, numerous “real world” examples were identified. These examples, together with suggestions made by interviewees and other writers, have provided directions for planners who are willing to embrace their role in encouraging older adults to be more active.

1.2 Theoretical Framework

The active living and healthy community movements are closely related. Both pursue a broad definition of health. Health, or well-being, is affected by a range of factors including access to medical care, income security and input into decision making. In a

\textsuperscript{1} The term “elders” is used in this project to indicate respect for all “older adults” or “seniors”.

Planning’s Links to Active Living for Older Adults

Tina Atva
healthy community, people support each other to identify and meet basic needs (e.g. shelter) and higher order needs (e.g. sense of belonging). The physical, social and economic dimensions of health are considered interdependent and entwined.

The World Health Organization (WHO) has played an important role in the healthy community movement, initiating a Healthy Cities Project in the late nineteen eighties. Over one thousand cities across the globe use this model in addressing local issues (Ontario Prevention Clearinghouse, 2000). Europe, in particular, has a well-developed network of healthy cities. Across Canada, hundreds of communities have undertaken a variety of projects ranging from the study of affordable housing barriers, to surveys of health needs, to improving participation in municipal policies and programs.

In 1996, at WHO’s 4th International Congress on Physical Activity, Ageing and Sports, The Heidelberg Guidelines for Promoting Physical Activity Among Older Persons were developed. The Heidelberg Guidelines sought to facilitate the development of strategies and policies to maintain, and/or increase, the level of physical activity for all older adults (Roundtable of Leaders in Physical Activity and Aging, 1998). One guideline outlined a need to share information about the known benefits of physical activity for individuals and society. These benefits may include reduced health care costs and enhanced productivity of older adults. Another guideline addressed the need for strategies that lead to increased levels of physical activity and healthy public policies that reflect the importance of regular physical activity. Barriers to physical activity with regard to settings, safety issues and motivation factors constituted another guideline.

In 1998, the Heidelberg Guidelines were discussed at the Round Table of Leaders in Physical Activity and Aging, held in London, Ontario. Several of the key recommendations arising from the Round Table focussed on the need to improve communication (between researchers, consumers and policy makers), strengthen partnerships (across the country and with government and the private sector) and increase public awareness amongst all Canadians on the importance of physical activity. The “leaders” agreed that,
We need to create a Canadian paradigm or model on physical activity, perhaps in the form of a declaration (Roundtable, 1998, p.22).

One year later, in May 1999, and coinciding with the International Year of Older Persons, the Canadian Declaration on Active Living and Older Adults was proclaimed in Toronto. The Declaration consists of a number of principles that seek to attain a collective vision of an active society where all older Canadians are leading active lifestyles, thereby contributing to their physical health and overall well-being (see Appendix 1). The Declaration's principles are embedded in Moving Through the Years: A Blueprint for Action for Active Living and Older Adults. The Blueprint is a national plan of action which provides direction for current and future initiatives pertaining to active living for older adults. Appendix 2 identifies The Blueprint's priority goals, all of which apply to planning.

ALCOA, the Active Living Coalition for Older Adults, was instrumental in the development and proclamation of The Declaration and is the "keeper" of The Blueprint. Formed in 1993, ALCOA is a partnership of national, provincial and local organizations that share an interest in health, aging, physical activity and the creation of healthy environments. Its members, both individually and jointly, undertake to encourage older Canadians to maintain and enhance their well-being and independence through a lifestyle that embraces daily physical activity. Appendix 3 provides a current listing of ALCOA members. The Canadian Institute of Planners (CIP) has been a member of ALCOA since 1995.

1.3 Problem Statement and Research Questions
Active living emphasizes physical exercise as a means to achieve well-being. Although it is relevant to people at all stages in life, active living for older adults is particularly important. In Canada, sixty-five years is typically considered the age at which one becomes a senior. However seniors, or "older adults", constitute a diverse group of individuals with different capabilities and interests. Descriptors are often attached to age categories in order to distinguish some of these differences (Landucci, 2000). In the active

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2 The author has represented the Canadian Institute of Planners at ALCOA since late 1998.

3 Planning's Links to Active Living for Older Adults Tina Atva
living community, age 55 is considered a more relevant cut-off (ALCOA, 1999a). For
the purposes of this project, the age threshold is not critical. “Older adult” is used
interchangeably with “senior” and “elder” and could be anyone in the later years of their
life. The focus here is not on age per se, but on the particular active living needs and
interests of older people.

The aging of the Canadian population is a demographic phenomenon that has elicited
much attention (Baxter, 2000, Trickey, 2001). In 1998, 12% of Canadians (some 3.7
million people) were over 65 years old. By 2016, people in this age group will increase to
6 million, or 16% and by 2041, almost one quarter of Canadians (ten million people) will
be seniors (Groves, 2000). Even though many developing countries have relatively young
populations, the average lifespan worldwide will increase by almost twenty years over the
next few years. With so many people living longer lives, and comprising increasing
proportions of local populations, enormous challenges and opportunities are ahead.

This looming demographic transformation has an ominous dimension in that Canadians,
and older adults in particular, are not physically active enough to obtain health benefits
(College of Family Physicians of Canada, 1999). Physical activity for older adults is
vital because 50% of so-called age-related losses are not due to the aging process alone,
but to reduced physical activity and exercise (Roundtable, 1999). These losses include
reduced physical function and susceptibility to chronic disease. Quality of life may be
substantially enhanced for older people who take up physical activity. With the number
and proportion of older adults set to increase significantly in Canada, there is an urgent
need for current and future elders to lead more active lifestyles.

In the last decade, two issues of Plan Canada have been dedicated to planning for an
aging society. In July 1990, the focus was on why planners should care about the
demographic surge in the older population. Articles stressed the importance of
understanding that seniors of different backgrounds and in different places have varying
needs (Badiuk, 1990, Orr, 1990). Housing and other aspects of the physical environment
must be designed to respect these variations. Eight years later, in the July 1998 issue, the
editor noted that while housing for an aging population has been extensively discussed,
other issues such as transportation and recreation have not (Gaborit, 1998). These areas are often dealt with by non-planning professionals, thereby forgoing the potential benefits of a coordinated approach.

A review of two other professional planning journal indices resulted in similarly disappointing findings related to the "recreational" aspect or active living. *Australian Planner*, the journal of the Royal Australian Planning Institute, revealed no references at all to aging issues in the volumes published between 1984 and 1995. The *Journal of the American Planning Association*, from 1990 to 2000, contained several articles about the housing needs of the elderly. Two books on trail design and seniors’ driving safety were also reviewed. This test, despite its simplicity, would seem to confirm a general lack of professional attention given to active living for older adults. Perhaps the planning community at large considers physical activity the purview of recreation programmers, parks designers or other seniors’ service providers. The very diversity of the planning field itself may impede the development of a collective vision or mandate.

In the non-periodical literature, the writings of the new urbanists offer a closer planning link to active living for older adults. Creating pedestrian environments is a cornerstone of new urbanism. Neighbourhoods should be compact, typically no more than a quarter mile (400 metres) from centre to edge (Congress for the New Urbanism, 2001). Transit should link mixed-use neighbourhoods that are set in a larger, regional open space framework. In *Visions for a New American Dream*, Nelessen states that walking can provide visual pleasure and interest as well as nurture pride (Nelessen, 1994). He even pronounces that the fundamental requirement of a community is that it encourages walking. The Congress for the New Urbanism - a coalition of architects, designers and other like-minded professionals that was founded in 1993 - acknowledges that walking can preserve independence for the old and the young (Congress for the New Urbanism, 2001). These are only some of the important benefits that can be achieved by walking and other forms of physical activity.

Active living has enormous potential to improve older adults’ physical, social and

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3 The UBC Library holdings for this journal include issues published up until 1995 only.

Planning’s Links to Active Living for Older Adults

Tina Atva
emotional health. The cumulative impact on community well-being includes potential ecological and economic benefits. These benefits should be a call to action for planners given their interest in healthy communities. Opportunities to create healthy communities may be lost as planners fail to recognize the interdependencies or links between active living and planning. As a result, the needs of a specific planning constituency — that is, today’s and tomorrow’s older people who want and need to be active — may not be not adequately met.

The following quotes indicate strong support for a more aware and involved profession:

*Next to health care professionals, planners can do the most to promote the ability of seniors to maintain their independence* (Hodge, 1998).

*It is vital that planners grasp the essential features of the seniors’ surge and offer leadership in shaping the environment for our elders* (Hodge, 1990).

By virtue of its membership in ALCOA, CIP has accepted the responsibility to promote active living within the planning profession. Three research questions have been proposed in this project to assist planners in general in carrying out this duty:

1. What are some of the benefits of active living for older adults that are relevant to planners?

2. What are some illustrative examples of planning that incorporated an active living focus?

3. What are some directions that planning may take in order to facilitate active living for older adults on a more regular basis?

The first question was asked as a means to clarify the links between planning and active living. The second question was essentially a test to see how many good examples of these links could be found. The last question was intended to synthesize the knowledge gained in a manner that would encourage planners to become active living proponents. Although this project emphasizes directions for Canadian planning practice, some references to an international context are made.
1.4 Methodology

The principal research methods for this project involved a literature review and interviews. The literature review helped frame the problem statement (e.g. that planners pay insufficient attention to their role in active living) and generated three research questions. The literature review also provided initial answers to these research questions, identifying some of active living’s benefits and specific roles for planners. It was through interviews, however, that more in-depth data was collected.

Over the course of six weeks, thirteen interviews were conducted. They were carried out with individuals from three groups: planners, ALCOA members and professionals in other related fields. Each individual was asked a number of open-ended questions that aimed to capture a wide range of responses to the three research questions. Interviews lasted from twenty to ninety minutes. Approximately half were held in person and half via telephone. Responses were recorded by hand and transcribed the same or next day. While the intent was to cover all questions in the interviews, the consistency with which this was achieved varied. In the interest of time and allowing discussion to flow naturally, some questions were omitted from certain interviews. The initial concern this caused was quickly assuaged during analysis of what turned out to be rich interview results. A list of the interview questions is attached in Appendix 4.

Five of the people interviewed were older adults, aged 55 or more. By chance, a balance of both genders was achieved. The possible influence of this demographic composition on responses is discussed where deemed relevant in chapters three and four. Appendix 5 provides a list of the interviewees.

Four members of Active Living Coalition for Older Adults were asked about the benefits of and barriers to active living. They were also asked about their perception of the planning profession’s involvement in active living. The author had previously met all four of these individuals in her capacity as the CIP’s representative to ALCOA. Personal interviews were conducted in Toronto, Vancouver, Surrey and over the telephone with a Victoria respondent. While some of the individuals no longer held official positions in ALCOA, they were still interviewed because of the breadth and relevance of their
experience and knowledge.

Six planners whose work demonstrated an active living focus were interviewed. These individuals were known by or referred to the author, or were people she "found" in the literature. Five of the six planners work in local governments of varying sizes in Greater Vancouver, Victoria and Toronto. Their expertise included landscape architecture, social and land use planning and park design. The sixth interviewee from this group is a retired planning professor who continues to be involved in aging issues.

Professionals in other related fields included a demographer from a research institute and a gerontologist from Simon Fraser University. They were asked about population aging and its implications for planning and active living. Two individuals from the parks and recreation fields were interviewed as well. One is also an ALCOA member while the other works for a regional district in British Columbia.

Almost all of the respondents suggested other people to contact who had an interest in active living or planning and aging. Approximately fifteen other sources were collected this way. This "snowball" effect of in-depth interviews was inspiring, yet at times overwhelming. Indeed, several of the key interviewees were located by referral. Most of these other sources, however, were not contacted. Given the scope of this project, a broader interview list was not practical.

The entire process of arranging, conducting and transcribing interview results took considerably longer than anticipated. It was the author’s desire to engage in two-way discussion wherever possible. The enthusiasm and support of the interviewees made the process extremely gratifying. The personal stories shared by several interviewees provided “rich vignettes” (Gray and Guppy, 1999) and demonstrated the valuable insights that are possible through qualitative research.

One of the secondary aims of this research project was to support the author’s voluntary responsibility to promote active living amongst planners as CIP’s representative to ALCOA. Accordingly, a session entitled “Active Living for Older Adults: What’s Planning Got to do with it?” was held at the annual Canadian Association of Planning
Students (CAPS) conference in Toronto in February 2001. The workshop introduced participants to ALCOA and generated suggestions on what planners could do to facilitate active living for older adults. The presentation was attended by approximately fifteen people including planning students from across the country, a Toronto planner and two ALCOA members. Ideas raised at that workshop have been integrated into the findings discussed below.

1.5 Project Outline

This project paper is organized into five chapters. This first chapter has presented the research problem, theoretical framework, research questions and methodology. These components are frequently major sections in a planning thesis. They have been condensed into one chapter, in keeping with the scope of this project.

Chapter two presents the benefits of active living for older adults. The principal physical benefits relate to a reduced risk of disease and enhanced physiological conditions. Social benefits of physical activity are numerous and include prolonged independence for older adults as well as opportunities for socialization. Ecological and economic benefits may also accrue as people are able to move about by their own means. Active older adults may drive less and require less treatment for chronic disease. The holistic impact of active living has a direct relevance to planners concerned with healthy and sustainable communities.

Chapter three presents findings to the second research question. Interviewees provided varied examples of what planners are currently doing to facilitate active living. These included policies, plans and research documents. Examples in housing and neighbourhood planning were also cited and are supplemented by findings from the literature. Specific walking and biking trails, streets and plazas were also noted as places older people are active. Overall, the responses revealed that many planners are already promoting active living in the course of their daily work.

Chapter four adopts a normative view of planning in its presentation of what planners should be doing to facilitate active living for older adults. By and far the most popular suggestion related to planning process. Housing and neighbourhood planning, streets,
trails, plans and policies and building design were also identified. This range of possibilities supports a view of planning as both process and product oriented.

Chapter five provides several key directions for planning that emerged from chapter four. The need to continue developing partnerships to promote active living is critical. Planners must work in cooperation with other professionals if levels of activity can be expected to increase. In this respect, short term actions for CIP to take in order to advance its work within ALCOA are presented. Topics for further research are discussed. Evaluating planning efforts is crucial if planners are to play a successful role with respect to active living for older adults.
Chapter 2
The Benefits and Barriers to Active Living for Older Adults

Research Question No.1: What are some of the benefits of active living for older adults that are relevant to planners?

2.1 Introduction
Most Canadians are not active enough to obtain health benefits. The Canadian Fitness and Lifestyle Research Institute (CFLRI) has monitored physical activity levels annually since 1981. Table 1, below shows the high percentages of Canadians who do not get the equivalent exercise of walking one hour per day. From 1981 to 1996, the percentages decreased substantially for all Canadians. After 1996, however, these gains appeared to have been lost. Levels of inactivity have essentially plateaued since then. Table 1 also shows that women have tended to be less active than men.

| Table 1: Percentage of Canadians Not Active Enough |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Canada          | 79   | 71   | 63   | 63   | 64   |
| Women           | 83   | 78   | 67   | 67   | 68   |
| Men             | 76   | 64   | 59   | 59   | 59   |

(Source: CFLRI referenced in Martin, 2001.)

Figure 1 shows that in 1999, people in the Yukon, Northwest Territories and British Columbia, were more active, on average, than residents in other provinces. Across Canada, however, less than half the population was active enough, and inactivity levels appeared to be rising. The College of Family Physicians of Canada claims that inactivity poses as serious a health risk to Canadians as smoking. Older adults are one of the least active segments of our society. It has been estimated that roughly sixty-two percent of men and eighty percent of women aged 65 and over, are not active enough (CLFRI, 2001).

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4 It has been estimated that in order to obtain health benefits, 3Kcal for every kilogram of body weight need to be expended per day. This equates to 200 kcal for a 67 kg person (Martin, 2001).
5 The CFLRI references one study which showed that the relative risk of death from all causes for the 20% least fit people was 2.10 which was close to the 1.99 relative risk for current or recent smokers. The conclusion drawn was that both smoking and inactivity are harmful (CFLRI, 2001).
The potential health benefits from active living are numerous. These include a longer life, reduced risk of disease and an improved quality of life. Ecological and economic benefits supplement these physical and social benefits. Many studies have been done which prove – albeit with varying degrees of conclusivity – that with increased physical activity, the better one’s health will be. Even older adults, experiencing chronic disease can feel better when they undertake and maintain an appropriate amount and type of activity. Unfortunately, the barriers to active living seem as numerous as the benefits. Fortunately, it is here where planners may exercise a positive role.

2.2 The Benefits of Active Living
2.2.1 Physical Benefits
Human bodies are meant to be active. Many of the chronic diseases we face today are associated with the pervasive sedentariness of modern life (Sparling et al, 2000, Blair et al...
Some of the diseases and health conditions that have been shown to be positively impacted by physical activity are described below.

**Cardiovascular Disease (CVD):** The term refers to a variety of diseases and conditions affecting the heart and blood vessels (American Heart Organization, 2001). CVD includes high blood pressure, coronary heart disease, stroke and other heart diseases. It was estimated that in 1994, CVD accounted for 45.2% of all deaths in the United States (Colditz, 1999). In Canada, coronary heart disease and stroke are the leading causes of death (Canadian Parks and Recreation Association, 1997). Over fifty studies have been done internationally proving that increased physical activity significantly reduces the risk of chronic heart disease, often by as much as fifty percent (Martin, 2001). Vigorous activity can reduce blood pressure by 30 to 50% (Martin, 2001). Five of the people interviewed as part of this project identified the reduced risk of CVD as one of the benefits of active living.

**Type II Diabetes:** (Also referred to as adult-onset or non-insulin dependent diabetes.) There is a large body of evidence showing that physical activity is an effective preventative measure as well as treatment for diabetes (Martin, 2001, Brownson, 2000, Blair et al, 1996, Health Canada, ALCOA & CSEP, 1999). Some have also claimed that if obesity were to be eliminated, eighty to ninety percent of diabetes would also be eliminated. From 1990 to 1998, the number of Canadians with diabetes increased by 33%. Increases were reported in all population groups, including children. In the one year alone, from 1998 to 1999, a six percent increase was experienced (Martin, 2001). Although none of the interviewees specifically mentioned the reduced risk of diabetes, several did mention that chronic diseases, generally, could be prevented by physical activity.

**Cancers:** More than thirty studies have shown positive evidence that colon cancer may be prevented with physical activity (Martin, 2001). For breast

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6 Obesity refers to a body mass index or BMI over 30. This figure is calculated by dividing weight in kilograms by square of height in metres (CLFRI, 2001; Martin, 2001).
cancer, the evidence is promising but inconsistent. Physical activity for females in adolescence and early adulthood is, however, probably protective against this disease. Physical activity may also reduce the risk of lung cancer (Canadian Parks and Recreation Association, 1997). The reduced risk of contracting cancer was not mentioned by any of the interviewees.

**Osteoporosis:** Physical activity helps maintain bone mass, especially in early adulthood (Martin, 2001). For this reason, it is important to get young people interested and involved in physical activity. Weight bearing exercises over the long term can have a positive influence on bone density. For older adults, physical activity can help decrease the likelihood of falls. Three interviewees mentioned stronger bones and better posture as benefits that may arise when older people are active.

**Longevity:** An additional two years of life expectancy may be enjoyed by people who are physically active (Canadian Parks and Recreation Association, 1997). The results of a seminal study by Paffenbarger in 1982 at Harvard, are quoted frequently in recreation guides. Paffenbarger concluded that physical activity must be kept up if it is to have an impact (Martin, 2001). He also demonstrated that if physical activity is taken up later in life, it has a more dramatic impact. One interviewee mentioned this potential benefit of a longer life.

**Other:** Interviewees cited several other positive health benefits. These included having more energy, and a decreased risk of injury even though some older people may encounter difficulties when first becoming acquainted with physical activity.

It is important to be aware that,

> you're never too old to increase your level of physical activity. Most people say they gain strength, endurance and flexibility by becoming
Healthy people may not only live longer, but live independently and more happily in the community. This is of the utmost interest to planners who must anticipate the housing and service delivery implications of an aging population. There is another potential advantage for planners as well. Independent, healthy older adults may be more likely to be involved in their communities and participate in planning processes.

2.2.2 Social and Emotional Benefits

The social and emotional benefits of active living were widely cited during interviews. Scientific researchers, however, seems to have studied these benefits less. Evidence does exist for active living’s social and emotional benefits. However, it is not as strong as it is for the physical benefits. Physical activity has been shown to reduce the symptoms of depression and the need for medication (Martin, 2001). It contributes to anxiety reduction and sleep improvement. The Benefits Catalogue, produced in 1997 by the Canadian Parks and Recreation Association, is often referred to as the eminent source that synthesizes the many benefits of active living. It contains eight marketing messages, four of which directly relate to social and emotional benefits.

The Benefits Catalogue asserts that the use of parks and recreation:

- are key to balanced human development, helping Canadians reach for their potential
- are essential to quality of life
- reduce self-destructive and anti-social behaviour
- build strong families and communities

The Benefits Catalogue summarizes numerous studies that substantiate the marketing messages. The Catalogue was compiled as a way to maintain and increase support for parks and recreation. Active living often takes places within park settings and recreation facilities. It can also occur in homes, on streets and in

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work places. The benefits thus may be experienced in a variety of situations and
environments. Appendix 6 provides a list of all eight marketing messages.

Other active living benefits for older adults that were reported during the interview
sessions included:

- enhanced independence
- greater confidence and self esteem
- opportunities for socialization and companionship
- sense of belonging
- people watching out for each other
- sense of control over one’s life and health
- sense of accomplishment
- opportunities to learn new skills & become leaders
- happiness
- less stress and depression
- improved concentration

“Active living is good for the whole person” noted one person interviewed. “Someone
who is depressed doesn’t participate much in their community. If they have a different
mind set, they walk, use trails, join hot lunch programs. If not, they’ll just sit at home.”
One older gentleman who was asked about the benefits of active living responded, “It
gives me something to do everyday when I wake up. The benefits are obvious: I don’t age
physically.” The physical and social dimensions of well-being are closely entwined.

With better physical and mental health, older adults may tend to be out and about in their
communities more. They may use existing services and facilities. According to one
interviewee, quality of life should be the goal of all planners, regardless of their
specialization. Being active may help build social networks, trust and cooperation
amongst people – some of the hallmarks of social capital (Putnam, 1993). This in turn
may nurture social sustainability or the ongoing ability of a community to function as a
safe, healthy, viable setting for human interaction (Sheltair Group, 1998). Being active
allows people to make friends, remain independent, and at the same time, improve one’s
physical health. Planners who care about the future of communities and the people in
them, should stand up and take notice.
2.2.3 Ecological Benefits

Only one person interviewed noted that benefits to the natural environment may accrue as people are more active. The scientific literature reviewed during this research project was also silent in this regard. The planning literature on compact communities implies an ecological benefit as people are encouraged to walk more and presumably drive less. Many planners are working to encourage human powered forms of transportation such as cycling and walking. They do this for a variety of reasons including reducing vehicle emissions. The eighth marketing message of *The Benefits Catalogue* states that parks and open space and natural areas, places where active living often happens, are essential to ecological survival. Active living is not only good for people but may also be good for the environment.

2.2.4 Economic Benefits

Several studies have been done which point to the cost savings in health care that may result from a more active population. Healthy people may still make as many or more visits to the doctor as less active people.\(^8\) That said, it is reasonable to assume that healthy people generally require less costly care for the treatment of chronic disease. One source estimated that an inactive person costs the Canadian health care system $300 more per year (College of Family Physicians of Canada, 1999). It has also been estimated that 2.5% of the total direct health care costs in Canada in 1999 were attributable to inactivity (Martin, 2001). The proportion attributed to smoking was 3.8%. A ten percent reduction in inactivity could save an estimated $150 million per year (Martin, 2001). This target may seem high, but was the goal set by federal, provincial and territorial ministers responsible for fitness, active living, recreation and sport in 1997 for the five year period between 1998 and 2003 (ALCOA, 1999a). With the elimination of ParticipACTION, perhaps Canada’s best known fitness promoter\(^9\), planners and other professionals have a big job ahead.

Active people may also be more productive. With improved health, older adults may be

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\(^8\) Active people may be more aware of their health and thus inclined to seek medical advise for various ailments (Baxter, 2001)

able to work longer, either in paid or voluntary situations. This could be of enormous advantage to corporations and community agencies in the future. As the employee pool is expected to decline substantially with an aging population, the health of remaining workers will be vital. With over 21,000 premature deaths in Canada caused by inactivity (Martin, 2001), active living has the potential to ease the financial burden on countless surviving families.

If more people were active, the money currently spent on treating chronic disease would theoretically be available for other positive pursuits. Money could be dedicated to building fitness centres, improving pedestrian environments, or other active living endeavours that would involve planners. Other pressing community issues such as homelessness and poverty might also benefit from an injection of newly available funds. Obviously, a restructuring of societal priorities is needed for changes of this magnitude to transpire. Nevertheless, it is possible that economic sustainability may be advanced by increasing activity levels of Canadians.

The physical, social, ecological and economic benefits of active living are obviously linked. As people exercise more, they may improve their physical condition, feel happier, reduce medical costs and contribute to a cleaner environment. These are compatible goals shared by many people. Unfortunately, the obstacles that must be overcome in order for many older adults to be active, are numerous.

### 2.3 Barriers to Active Living

If physical activity is so good for the human body and spirit as well as for communities, it seems a wonder that people are not more active. ALCOA members were asked why they thought this may be. Many of the explanations given were individual in nature, or resulting from biological and psychological factors (Sparling et al, 2000). Others were environmental in scope and cry out for planners to become actively involved.

#### 2.3.1 Personal Factors

A few interviewees said that the health condition of older adults may prevent them from being active. Older people may also be fearful about trying something new. For people
who lived through the Depression and the Second World War, physical activity may not have positive connotations. After the war, many people were concerned about establishing their jobs, families and homes. When they retired, they felt that they had earned the right to “put their feet up.” Many older women may not feel comfortable physically exerting themselves or sweating. Perceptions about personal safety may keep many older adults indoor and inactive. Some seniors may be unaware of the benefits of active living or the services and facilities that are available. Others may be unable to afford them.

ALCOA members are trying to eliminate these barriers. The Blueprint, mentioned above, identifies the need to promote images that depict older adults as valued, respected and physically active members of society. By establishing appropriate role models and educators, older adults may be encouraged to initiate and maintain activity programs. Canada’s Physical Activity Guide to Healthy Active Living for Older Adults ("The Physical Activity Guide") was launched by Health Canada, ALCOA and The Canadian Society for Exercise Physiology in 1999. It tells personal success stories to demonstrate that there is some form of activity for everyone. Involving older adults in decisions about health and recreation is important. Understanding personal barriers is essential if today’s older adults are to become more active now. It is also crucial to anticipate what may prevent tomorrow’s seniors from being more active as they age.

### 2.3.2 Environmental Factors

Accessibility to seniors’ centres and other places of activity was mentioned as a serious deterrent to active lifestyles. Bus service, ground level access, nearby parking, elevators, washrooms and refreshments all were noted as important features. Seniors may not venture outside to walk, for example, if they are afraid of falling due to obstacles in their path. Climate-related barriers, such as icy sidewalks, may inhibit movement in some places. The lack of available facilities or a safe place in which to be active is another barrier (College of Family Physicians of Canada, 1999; CFLRI, 2001; ALCOA, 1999a). These aspects of the built environment are ones over which planners exercise some influence.
The Physical Activity Guide identifies many ways communities - and planners - can make it easier for everyone to be active. All of the examples cited, such as encouraging the use of schools and shopping centres for activity programs and sponsoring pedestrian-friendly neighbourhoods (Health Canada, et al, 1999) are areas in which planners may work. Yet planners, themselves, often encounter formidable institutional and political impediments to their work. An integrated approach that involves other related professionals, is needed to demonstrate the wide ranging benefits of active living and eliminate its barriers (Sparling et al, 2000). Such an approach may also help place and keep active living on the public agenda.

2.4 Summary

The Physical Activity Guide recommends that older adults obtain between thirty and sixty minutes of physical activity most days, in order to obtain health benefits. Younger adults need sixty minutes. While this may seem onerous, even substantial benefits can accrue when one goes from a completely sedentary lifestyle to one with modest amounts of physical activity (Brownson, 2000). Evidence shows that even short ten minute segments of exercise several times a day can result in health benefits.

Once aware of the benefits, planners may be more likely to promote active living. The Ottawa Charter for Health Promotion, developed by the Canadian Public Health Association in 1986, defined five categories of intervention (Sallis et al, 1998). Two relate directly to planning:

- build healthy public policy
- create supportive environments

As will be shown in the next chapters, planners are already implementing some of these environmental and policy interventions. The other three categories are also relevant to planners, both as individuals, and as proactive professionals:

- develop personal skills
- strengthen community action
• reorient health services

These interventions of the Ottawa Charter are reflected in The Blueprint’s principles and priority goals.

Dr. Gro Harlem Brundtland, Director-General of the World Health Organization, summarized the importance of health for current and future elders:

*The capacity of older people to contribute to society can only be extended if their health is maintained... Tomorrow’s elderly people are today’s adults and yesterday’s children. Aging is a natural process that cannot be avoided. Premature death and disability, however, can be* (ALCOA, 1999a, p.15).
Chapter 3
Active Living Examples

Research Question No. 2: What are some illustrative examples of planning that incorporated an active living focus?

3.1 Introduction
As noted above, planners appear to have a poorly developed recognition of their role in active living. To explore the validity of this unfortunate claim further, the second research question was asked. Interviewees were asked to provide what they considered good examples of planning that focussed on active living for older adults. The responses were varied and included policies, housing, trails and plazas. Only a few suggestions did not fall within the broad scope of planners’ work. The findings have been grouped into four general categories. They are presented below in order of response frequency. Additional examples from the literature review supplement the interview findings.

3.2 Findings
3.2.1 Research, Policies and Plans
The most frequent response to the above question related to research, policies or plans that support active living both generally and specifically for older adults. Altogether, nine different citations were given with some examples being cited more than once. Planners offered most of the examples. Their familiarity with plans and policy, the most fundamental of planning tools, perhaps gave them an advantage in this category. Four examples are discussed below in greater detail.

*Taking Steps: Modifying Pedestrian Environments to Reduce the Risk of Missteps Falls* is a manual that was created in 1997 by Dr. Elaine Gallagher and Victoria Scott of the School of Nursing at the University of Victoria (see figure 2). Their goal was to identify and help address the safety needs of pedestrians at risk of injury from missteps, falls or collisions with objects in public places. “Sedentary lifestyles, lack of exercise and nutritional deficiencies are contributing factors to physical weakness that predispose elderly people to fall” (Gallagher & Scott, 1997, p.12). Many of the emotional, physical, economic and social implications of falls are discussed in the manual.
Taking Steps involved a nine month survey of falls in public places. It revealed that 86.4% of falls occurred outside. The most frequent places were sidewalks (44%), crosswalks (9.8%) curbs (8.2%), roads (7.7%) and unpaved walkways (6.6%) (Gallagher & Scott, 1997, p.13). Gallagher and Scott claim that planners, and others who design and maintain pedestrian and public facilities, play a significant role in the challenge of reducing falls. They may meet this challenge by giving higher priority to the issues relevant to the elderly and persons with disabilities (Gallagher & Scott, 1997).

Taking Steps was mentioned by two interviewees - one a planner, and the other an
ALCOA member. Both considered it a valuable resource for planners that if applied, may enable older people to move about more easily and safely. The document points to the importance of research in informing planning policy and action. As well, it highlights the need for interdisciplinary networks and sharing of resources.

Another document, *Parks and Open Space: Planning Resources and Opportunities*, is currently under preparation by the City of Toronto’s Economic Development, Culture and Tourism Department. It is intended to sensitize planners and designers to the opportunities for improving parks and the open space system. The document will include report briefs on barrier-free accessibility, leisure trends (with reference to the active living movement), and pedestrian comfort. It is in these realms that research of the *Taking Steps* variety may be applied. Although improvements to the parks system are intended to benefit all park users, an emphasis will be placed on the magnitude of changes that are expected to be required by an aging population. The document is intended to guide the work of all planning-related staff, not just those employed in a “parks department.”

In the late 1990’s, the City of Regina explored the creation of senior-friendly zones. The goal was to find planning mechanisms that would encourage seniors’ housing to be located within 500 metres of shops, public transportation, medical facilities and recreation facilities. This initiative was inspired by Dutch precedents. It was also part of a larger process of developing a seniors’ policy to respond to the needs of an older population that had doubled since 1980 (Mish & Rice, 1998).

Using the Census and other sources, the proportion of seniors in each city neighbourhood was mapped (see figure 3). Neighbourhoods were analyzed further to determine if older adults were concentrated in specific areas or dispersed throughout. The location of senior-friendly zones could then start to be identified. Insufficient services in some of the high density seniors’ neighbourhoods prompted questions on whether to enlarge the zone boundaries or try to stimulate additional services. Through the auspices of the Regina Seniors’ Action Plan Steering Committee, planning, health and parks staff, among others, acknowledged the importance of active living. They recognized the need to plan for a diversity of aging trends in Regina neighbourhoods and to develop leisure programs and
services as a preventive health measure and a component in seniors’ quality of life (Mish & Rice, 1998).

Although senior-friendly zones have not yet been formally established, the Action Plan is progressing. In 2001, a seniors’ in-home fitness program was implemented. This program, which had students working with isolated seniors, was extremely successful (Mish, 2001). Some of the older participants who had not exercised much before the program, reported feeling more confident. One woman even made jam for the first time in a long while (Mish, 2001).

The City of North Vancouver’s Social Plan, was adopted in 1998 in response to the increasing degree with which the municipality was dealing with local social issues (Cit of North Vancouver, 2001). The overall vision of the Plan is to support and encourage the well-being of all residents in an inclusive, healthy and safe environment. One recommended action that relates to the independence and well-being of older City residents, is to recognize and support the collaborative process which promotes active lifestyles for seniors. Another action refers to improving safety and ease of passage on sidewalks and street crossings. One planner observed that the comprehensive nature of this plan had been, at times, difficult to implement. Nonetheless, the City of North Vancouver’s Social Plan demonstrates how active living principles may be integrated into official plans.
Figure 3: Senior-Friendly Neighbourhoods, Regina, Saskatchewan. One objective of Regina’s ongoing Seniors’ Action Plan is to ensure that neighbourhoods with significant proportions of older adults have a range of services nearby. (Source: City of Regina, 1998)
3.2.2 Housing and Neighbourhoods

Four housing and four neighbourhood planning examples were cited during the interviews. Almost all of the examples were mentioned by planners. This perhaps demonstrates planners' involvement in these areas, as well as the pivotal connection that housing has to quality of life in its many dimensions. Opportunities to be physically active can "start at home." Some of the policies and plans discussed in the preceding section may, when implemented, facilitate active living at both the home and neighbourhood levels.

The majority of older adults in Canada continue to live independently in the community. As well, most tend to do physical activity primarily in the home (CFLRI, 2001). This is where seniors often feel most comfortable and where many of the activities of daily life—like vacuuming—take place. The design of dwellings may encourage older adults to be active out-of-doors as well. The front porches of many Toronto houses, for example, allow residents to see people on the street from the security of their own homes. This may encourage them to venture out for a walk.

Two ALCOA interviewees identified seniors' housing complexes in Victoria and Toronto that have multi-purpose activity rooms. The rooms can be used for a multitude of purposes from dancing to bingo. Bringing residents together for socializing and exercising underscores the holistic benefits of an active lifestyle. When outdoor space is limited, such as at one congregate care complex proposed in a former newspaper plant in Victoria, the presence of indoor activity space is all the more vital.

When housing is within easy walking distance of services and not on steeply sloping sites, it may again be easier for older adults, and others with mobility challenges, to be more active. One interviewee mentioned an Abbeyfield development on Denman Island, B.C., which was initially proposed for the Island's village centre. The site selected, however, had environmental issues, which forced the consideration of an alternate location. That location was no longer within walking distance of the centre's amenities. Although a transit shuttle service to the village might be provided, active living in the

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10 An Abbeyfield House is a form of supportive housing where groups of 7-10 residents live like a family, each having their own room and the care of a live-in house keeper (Abbeyfield, 1998).
form of walking to services, would no longer be possible. The challenges faced by planners to satisfy competing site objectives are manifested in this example.

Interviewees identified several examples of Canadian neighbourhoods that were considered good places for seniors to live. Victoria’s tradition of mixed-use, embodied in the Gonzales area, was considered particularly amenable to active lifestyles for older adults. Guildford Town Centre in Surrey, B.C. was provided as an example of a walkable community. Two new Toronto neighbourhoods that will feature substantial park and outdoor space for all residents include developments near the Rouge River in Scarborough and near Highway 401 and Yonge Street.

The new town of Celebration, Florida, planned by the Disney Corporation, was founded on several principles, one of which was community health. “Celebration Health” is a quarter of a million square foot wellness centre designed by the well-known architect, Robert Stern. A huge portion of the centre is dedicated to fitness and rehabilitation centres (Boss, 1999). Indeed, fitness centres within hospitals are the fastest growing trend in medical real estate in Florida, fast displacing the independent gym sector (Boss, 1999). Ironically, in Celebration, the health centre is located beyond the golf course and freeway, too distant for pedestrian access (Singleton, 1998). Still, the reorientation of health services suggested in the Ottawa Charter for Health Promotion, may have been advanced in Celebration. This is, health services orientated away from the treatment of disease, and toward the prevention possible through active living.

Interestingly, one author noted that residents’ perceptions of health were “focused more on the benefits offered by the town’s physical layout, its walkability, parks and trails and the highly positive psychological environment promoted within the community” (Boss, 1999, p.260) (see figure 4). As a new, master planned community, Celebration is often maligned for its assumed artificiality and “overly moralistic streak in the constant inducements to be healthy” (Ibid.p.260). However, the same author who lived in and observed the town for one year, noted that he had exercised more in that one year than he

11 The other four principles were sense of place, sense of community, technology and education (Celebration, 2000).
had in twenty. It would seem that Celebration’s planners have tried to slice the “coming
eriatric bubble by attending to chronic diseases before they occur” (Ibid. p.262).

Figure 4: Celebration, Florida. A new town founded on the principle of community health, Celebration promotes active living through a large Wellness Centre (top) and the design and layout of its neighbourhoods (bottom). (Source: xone.net, 2001)

The retirement community of Elliot Lake, Ontario, also strives to provide ample recreational opportunities for its residents. Between 1991 and 1996, some 4,000 seniors migrated to Elliot Lake following an aggressive marketing campaign (Tunnock, 1998 p.23). Hiking and skiing trails are enjoyed by the older residents but have also helped to boost tourism (see figure 5). Planners in the community have recognized that some park space in this former mining town may need to be redesigned in order to allow for more passive activities, given the changing demographic, and to meet the needs of all age groups (Tunnock, 1998, p.26).
Creating more walking trails, a fitness centre and barrier free access are among items under recent consideration.

**Figure 5:** Marketing Activity, Elliot Lake, Ontario. This former mining town recreated itself as a retirement community. Many of the new, older inhabitants were attracted to the town’s extensive recreational opportunities. (Source: City of Elliot Lake, 2001)

### 3.2.3 Walking and Cycling

Older people interviewed during this project noted several walking and biking trails as examples of planning that facilitated active living. Planners did not mention any. Halifax has a network of pedestrian ways that link historic properties and use elevators to avoid steep, difficult to negotiate areas (see Figure 6). Victoria’s Galloping Goose Trail is often used by groups of older adults. Vancouver’s Coal Harbour Seawall offers an attractive walking and cycling environment with places to stop and rest or eat and drink. Victoria’s bike paths were also suggested as being older-adult friendly.
3.2.4 Streets and Plazas

The examples in this category were all offered by planners. Harris Green in Victoria, is in a mixed-use, high density neighbourhood centred on Yates Street that previously had little greenery. Through cost sharing with adjacent property owners, the City redesigned one long block of road right-of-way to include almost half a hectare of green space. Completed in November 2000, Harris Green features bike lanes, boulevard trees, mosaic tiled sidewalks and narrower traffic lanes (see figure 7). It was identified as a pleasant walking and cycling environment for nearby older residents, and indeed, all people in the community. It also demonstrates how policy that is based on real-world research (e.g. Taking Steps), can be put into action.
Figure 7: Harris Green, Victoria, B.C. This block on Yates Street was redesigned on a cost-share basis with the City and local property owners. Harris Green is an older pedestrian's haven, replete with greenery, fountains and resting spots, all in close proximity to home and shops.

In Toronto, several plazas have proven to be popular meeting and activity spaces for older adults. The Music Garden at Harbourfront was inspired by renowned cellist Yo Yo Ma’s love of Bach’s music. The landscape design evokes different musical movements such as courante – an exuberant movement depicted as a swirling path through a wildflower meadow (Johnson, 1999) (see figure 8). Behind Eaton Centre Mall at Trinity Square Park, is a labyrinth formed by patterns in the grass. Both the mind and body may be
exercised in this spiritual place. Grange Park was also cited as a popular spot where many Asian seniors practise tai-chi or play chess.

**Figure 8:** The Music Garden, Harbourfront, Toronto, Ontario. This park, inspired by Bach’s music, is a lyrical place for walking and other outdoor activities. (Source: City of Toronto, 2001)
3.3 Summary

The findings above demonstrate that there are many examples of planning for active living all around us. The examples are everyday features in our communities such as activity rooms in seniors' apartments and small neighbourhood parks. Planners may not have been key players in all of these instances. As well, there may not have been an active living objective at the outset. Yet planners were likely involved to some extent. And more importantly, active living for older adults had been facilitated.

Two priority goals of The Blueprint seem to have been emphasized thus far. These are goal number three - ensuring that resources and social supports needed to be active are in place, and goal number 6 - the sharing of research results. That one respondent could not identify any illustrative examples and planners did not identify any walking or cycling trails perhaps indicates missed opportunities for awareness building and collaboration. Some interviewees may have just found it difficult to think of examples “on the spot.” In any event, responses to the next research question indicate that there is much more that planners should be doing.
Chapter 4
What Planners Should Do to Facilitate Active Living for Older Adults

Research Question No. 3: What are some directions that planning may take in order to facilitate active living for older adults on a more regular basis?

4.1 Introduction

It is has been an assumption of this project that planners have an important role to play when it comes to active living for older adults. The previous chapter presented some supporting evidence of this good work. Yet the problem statement elucidated in chapter one implied that planners have not been doing enough. To test this further, all interviewees were asked what they thought planners should be doing to encourage older adults to be more active. The suggestions were numerous and varied.

Interestingly, the citations for what planners should do far outnumbered the examples of what they are doing, as described in the preceding chapter. There are a number of possible explanations for this difference. After reviewing the interview transcripts, it was evident that the second research question was not asked consistently of every person. In most of these cases, though, answers to the question did emerge during the course of conversation. Another possible explanation is that interviewees may not have been able to recall the more obvious examples of planning efforts that had an active living focus. For example, planners are frequently involved in the establishment of walking and biking trails yet did not identify any during the interviews.

Alternately, there may be a greater ease in talking about what planners should be doing compared to what they are doing. Planning is inherently a future oriented activity. It has been defined as the professional practice that attempts to link forms of knowledge with forms of action in the public domain (Friedmann, 1993). The goal in building knowledge about active living for older adults is that planners will integrate the concept into their work. The findings of chapter two and three start to build this knowledge in a way that is relevant to planning. By integrating this with “what should be,” this chapter charts a course for future planning action.
4.2 Findings

The responses to the third research question can be divided into six categories. Four of these appeared in chapter three. These are “housing and neighbourhoods”, “walking and cycling”, “plans and policies” and “streets.” Planners work in these areas on a regular basis yet should use them to further active living goals in a more conscious manner. The two new categories are “process” and “building design.” The order of these response categories reflects the frequency with which they were cited.

4.2.1 Process

The largest number of suggestions put forward by interviewees related to processes that planners should undertake to facilitate active living for older adults. Just under thirty citations were made covering twenty different ideas. These have been grouped below into key themes. While planners offered many of the ideas, ALCOA representatives offered the most. Both men and women identified similar numbers of ideas. In the previous chapter, no process suggestions were given at all. The strength of this finding supports a view of planning process being as important as planning product.

Work with Younger People

Someone from almost each group of interviewees mentioned that planners should work with younger people to promote active living for older adults. One older person interviewed said, “We need to start talking about aging earlier. We need to start talking about physical activity earlier.” Others implied that the only way to address the problem of sedentary lifestyles is to reach people while they are still young enough to develop healthy, active habits that will persist into later years. According to a recent study, obesity amongst Canadian children more than doubled between 1981 and 1996 (Martin, 2001). It is also disturbing to learn that cardiovascular disease amongst teenagers is expected to rise in the near future.12

Intergenerational activities that allow younger and older people to learn from each other were suggested. *The Physical Activity Guide* suggests that seniors be recruited as volunteers to supervise young children in active transportation to and from school.
To facilitate this suggestion, planners need to ensure that routes to school are appropriate for both user groups. “As seniors age they become primarily pedestrians in their travels (like kids)” (Hodge, 1998, p. 11). In Canada – “a society for all ages” - older adults’ choice to be with others must be respected (ALCOA, 1999a). Not all older adults may want to interact with younger people all of the time.

One respondent was quick to point out that much of his planning work is intended to benefit many age groups and sectors of the population. Efforts to improve accessibility to parks and open space, for example, may be beneficial to anyone who faces mobility challenges. The Congress for the New Urbanism (2001) has noted that the independence of the young and elderly are similar and linked to the environment.

Develop Partnerships

Almost all respondents, including the demographer, planners, recreation staff, and ALCOA members, suggested that planners must cooperate with other professionals in order to facilitate active living for older adults. Municipal planners need to work more closely with staff in parks and engineering departments as well as health regions. Planners should also work with community agencies or groups, particularly in smaller communities where planning resources may be limited. Such community groups often have expertise in aging-related issues. Planners also need to tap into other’s research.

The planning literature also urges partnerships to develop:

*Planners will be challenged to reach beyond their disciplinary boundaries in planning communities and services for seniors. Shared forums and professional development opportunities must be more frequent so we learn each others’ vocabulary, base of knowledge and collaboration potential* (Taylor, 1998, p.14).

Vanessa Lund, an American planner, discussed the once strong alliance between public health and urban planning in a presentation about the Healthy Communities Movements at the 1999 National American Planning Association Conference (Lund, 1999). While the two fields still enjoy tremendous professional overlap, Lund contended that planners will
need to pay close attention to the role of health care institutions in addressing community well-being. She went on to say in the conference proceedings that, “If we (planners and public health experts) are going to achieve our community improvement goals, we must work together” (Lund, 1999).

This view is echoed in the writings of Elaine Gallagher and Victoria Scott from the University of Victoria’s School of Nursing:

*Finding effective ways to come together to solve problems, while never easy, becomes somewhat more urgent when one considers the current economic and social pressure present in North American communities: rapid urban growth, aging population, escalating medical costs and legal costs from injuries sustained due to unsafe public environments* (Gallagher & Scott, 1997, p.18).

One interesting example of inter-sectoral cooperation was a 1997 campaign in Australia called “Active Australia”. The aim of this project was to develop effective environmental approaches to increase physical activity in the whole population (Sparling et al, 2000). Formal inter-sectoral partnerships were essential in the effort to increase choices and opportunities to be more active. Transportation, urban planning, local government and the private sector were involved. Specific components of the campaign included mass media advertising about the importance of regular physical activity, community events and inviting primary care providers to dispense active living advice (Sparling et al, 2000).

In the scientific community, the partnership imperative has been frequently voiced. In a recent video produced by the College of Family Physicians of Canada entitled, *Active Ageing, You Can Make a Difference*, the need to work together in order to address the problems associated with sedentary lifestyles was a key message. Steven Blair, a renowned Australian doctor and researcher of sports medicine, has said that professional organizations, along with others like fitness and sports organizations, should work

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13 This last component is being promoted in Canada under the “PACE” program. This quick, four step process is designed to assist physicians in effectively increasing their patients physical activity levels (College of Family Physicians of Canada, 2001).
together to provide critical fitness information and to promote programs to help elderly Americans become more physically active (Blair et al, 1996, p.160).

The degree to which planners are singled out to be part of such interdisciplinary teams varies. James Sallis of the Psychology Department of San Diego State University, has written about environmental and policy interventions to promote physical activity. He identified public health, medicine, education, recreation departments and sports organizations as the primary participants. He also stated that in “some cases” transportation, urban planning and local government may need to be involved (Sallis et al, 1998, p.389). Given the inevitable uniqueness of active living initiatives, planners may not always need to be involved. However, they must be ready to jump in when appropriate. Otherwise, planners may have a difficult time convincing others that they are legitimate and necessary proponents of active living.

Working together to promote active living for older adults is ALCOA’s goal. At its 1999 National Forum on Older Adults and Active Living, one of the key recommendations that emerged related to strengthening partnerships:

All health professionals and organizations at all levels should continue to collaborate to promote the active living message. Continued communication municipally, provincially and nationally is necessary to spread the message (ALCOA, 1999b, p.37).

Arguably, the reference to “professionals” should include planners and other interested parties. Since that 1999 forum, ALCOA has continued to wholeheartedly support the involvement of the Canadian Planning Institute. When it comes to active living and healthy communities, planners share compatible goals with other city-building professionals, as well as researchers and practitioners in public health and medicine. The Canadian Institute of Planners, by virtue of its membership in ALCOA, supports such cooperative ventures.
Appreciate and Involve Older Adults

Recognizing the diversity of seniors is important if active living initiatives are to be appropriate and meaningful. This was noted during the interviews by both a planner and a demographer. Older adults are not a homogenous group. One respondent observed that planners face a dilemma of generalizing, in order to develop and implement policy and programs, while at the same time respecting the specificity of people and situations. One possible way to achieve this balance is to keep up-to-date with research and trends by maintaining effective liaisons with the active living community. One older adult interviewed said that planners need to recognize physical activity as fundamentally one of the most important aspects of an older adult’s life.

When planning for active living, planners must get input from seniors. One interviewee felt that planners need to be more open minded about communication and participation. Another cautioned that planners should not go into a community unless they intend to talk to people in the community. The literature on participatory action research calls for qualitative research methods to learn how people actually experience an issue or problem (Barnsley and Ellis, 1992). This makes the development of strategies and programs based on real life experience rather than on theories or assumptions possible.

The challenges of meaningful participation are well known to most planners. One barrier to user group participation cited by Gallagher and Scott (1997) is the complicated nature of jurisdictional responsibility. Obviously, this poses a challenge to the creation of effective partnerships. The Blueprint asserts that seniors need to have a voice in planning activities (ALCOA, 1999a). One ALCOA member said that it is important to tap the ideas, energy, and enthusiasm of seniors and to make sure that the community supports their desire to live fulfilling lives.

Be Proactive

Given the approaching demographic surge of older adults, most of whom will not be active enough, the road ahead for planners seems arduous. By developing partnerships and working with seniors and younger people, supportive environments may be created. Respondents identified additional proactive actions for planners to take, most notably
leading by example and tackling the status quo. One ALCOA member's message to planners was to "encourage by example." Planners need to educate, be educated and practise active living both personally and professionally. They should advocate for debate on issues related to an aging population. When it comes to urban design, planners must be aggressive in promoting active living principles. This is a key area for planning to make an impact and will be discussed in more depth in subsequent sections. Leadership is required to identify problems and bring groups with diverse needs together in order to resolve issues (Gallagher & Scott, 1997). Planners can and should be among the leaders.

4.2.2 Housing and Neighbourhoods
There is a significant role for planners in developing housing and neighbourhood options that facilitate active living. Some examples of current work in these areas were presented in chapter three. After process, this category had the greatest number of suggestions. Housing and neighbourhoods received sixteen citations each from the people interviewed. While planners provided many of the ideas, older respondents gave strong responses in the housing category. Women said more about housing’s links to active living while men suggested many opportunities for neighbourhood planning.

Housing
According to the healthy community movement, access to good quality and affordable shelter is a key determinant of health. Housing was also suggested by one interviewee as the common thread that links planners to other organizations and agencies. Another planner observed that to older people, "home" starts to take on additional meaning as "landscapes of memories." This added dimension is extremely important for planners, and anyone involved in seniors’ housing, to acknowledge.

The type, location and design of housing can facilitate or hinder active living. Seniors’ housing developments, whether independent, supportive or institutional, should have spaces where residents can gather for active living pursuits. Housing for seniors should not be located on steep slopes where mobility may be difficult. The reiteration of these ideas, as responses to both research questions two and three, emphasizes their importance.
Design is an important factor in encouraging activity and therefore promoting health (Greenberg, 1982). Homes should be adaptable for wheelchairs. Parking for recreational vehicles in seniors' housing complexes was also suggested as a way planners could support the popularity of this travel mode.

Neighbourhoods

Mixed-use and compact communities may accomplish a variety of economic, social and environmental goals. Walkable communities can also be good for people's health. Being able to walk from home to the store, school, community gardens, hospital or church, was identified by several interviewees as having the potential to positively influence older adults' activity levels. Several existing mixed-use communities in British Columbia were discussed in the preceding chapter. The multiple benefits of compact development have been acknowledged in the planning literature for some time. In 1982, Greenberg wrote:

>A return to more compact urban form in which houses, shops and places of employment are grouped more closely together would not only aid the conservation of energy, but would also be to the advantage of the less mobile members of the community (Greenberg, 1982, p. 407).

A study in San Francisco revealed that residents of a traditional neighbourhood did more of their shopping trips by walking than did residents of automobile oriented neighbourhoods. Another study showed that increasing population density and mixed-use were associated with increased proportion of trips by walking (Sallis et al, 1998). Even in suburban neighbourhoods oriented to mass transit, walking was more commonly used for both work and non-work trips. While these results may seem obvious, they do lend support to the recurring argument for integrating walking opportunities into all communities, especially ones in which older adults reside.

14 Residents in the traditional neighbourhood did 2.7 to 5.5 times as many walking trips (Sallis et al, 1998, p.384). Similar research findings are reported in How Land Use and Transportation Systems Impact Public Health: An Annotated Bibliography (Frank, Engelke & Hourigan, 2000).
Interviewees suggested that transit should be within four to five hundred feet of seniors' housing. The interdependency between transit and walking was also noted by Greenberg:

*Difficulties in walking may inhibit use of public transport, either because it is beyond walking range...because it requires waiting for lengthy periods of time without shelter or seats, or because the vehicles are too difficult to mount* (Greenberg, 1982, p. 407).

Parks are also important community spaces that invite active living. One older respondent suggested that more parks are needed in poorer neighbourhoods. Planners should work hard to ensure there are outdoor areas designed so that older people can be active. The literature supports the need for more parks generally, and more funding to make them possible (Sallis et al, 1998).

### 4.2.3 Streets

The role of streets in facilitating active living was cited eighteen times during the interviews. Eleven of these references were made by planners; five were made by ALCOA members. Ideas included overall street design with particular attention to sidewalk characteristics and street furniture. Streets are integral parts of neighbourhoods. As public spaces, they should invite people to travel upon them.

Short blocks, laid out in a grid pattern contribute to more livable communities according to one planner. This pattern provides alternative routes for pedestrians, cyclists and other motorists. Streets need to be safe and properly maintained. This interviewee felt very strongly about the role of streets in promoting active living. Planners need to be aggressive with engineers and other public works designers in order to build great streets.

A number of important sidewalk features were identified during interviews. For example:

- Sidewalks should be wide enough so people can pass each other with little difficulty
- Curb cuts are needed so people can manoeuvre grade changes with ease
- Tiled surfaces can become uneven and dangerous as they settle over time
• Benches should be appropriately spaced to provide rest spots
• Sidewalks should be on both sides of the street
• Sidewalks should be separated from traffic to promote safety and comfort
• Street furniture, like sandwich boards, may be dangerous for those with mobility challenges yet may also add interest and vitality to the street

Taking Steps, the Gallagher and Scott manual discussed above, identified several of these characteristics as well as others, like access to buildings. These are items that should be considered when constructing and maintaining sidewalks. Harris Green in Victoria, referred to in chapter three, has many of these elements.

“Small improvements to the external environment can help keep the elderly active and independent” (Greenberg, 1982 p. 421). Street lights, for example, can enhance feelings of safety. Traffic signals need to be long enough so that slower pedestrians can comfortably cross. The effect this may have on traffic flow may concern some transportation planners. Trees can make active living more appealing by providing shade and beauty to a street. Unfortunately, as one respondent lamented, trees are often subject to funding volatility.

4.2.4 Walking and Cycling

The most common form of physical activity among the general population and in major sub-populations like older adults and racial/ethnic minorities, is walking (Brownson, 2000). Someone from each interviewee group mentioned that planners should build more trails for cyclists and pedestrians. There were a total of twelve references in this category. Most respondents considered parks and green space as attractive places for these activities. There were varying sentiments on whether malls were nice places to walk.

Trails are a relatively low cost environmental intervention. Once built, they become a permanent fixture in the community thereby encouraging ongoing physical activity (Brownson, 2000). Trails are particularly important in rural and suburban places where places to walk are often lacking (Brownson, 2000, Sallis, 1998). As is the case for sidewalks, benches, lighting and signage are important safety and comfort features along
other walking and biking trails. Bike trail safety in particular is crucial if older people are to reclaim what one interviewee described as a "lost" activity.

4.2.5 Plans and Policies
Several policy directions for planners were suggested. Two people felt that all local governments should have plans for aging. Such plans might cover emergency access to places seniors live and active living opportunities similar to those emphasized in the City of North Vancouver's Social Plan. Zoning should be flexible and responsive to lifestyle changes that may accompany aging. While many zoning bylaws already permit inlaw suites or the keeping of boarders, additional creative responses to emerging situations will likely be needed. One planner suggested zoning for "careminiums" – a form of ownership tenure specifically for seniors. Appropriate and affordable housing is a key determinant of health. When housing is integrated with active living opportunities, the health and well-being of older adults can only improve.

4.2.6 Building Design
All of the seven suggestions in this category were made by ALCOA members. Making use of existing space in buildings were mentioned as a cost sensitive way to integrate active living opportunities. Roof-top gardens were cited as something planners should consider, particularly in developments faced with space constraints. Gardening, after all, is an extremely popular activity with older people.\textsuperscript{15} Accessibility to and within buildings is also crucial so that older people can frequent places of activity. Some authors mentioned that buildings should be separated from parking lots so that people have to walk a little farther (Sallis et al, 1998). Providing showers and change rooms, making stairwells obvious and establishing stair walking competitions are amongst other ideas discussed in the literature. Some studies have shown, however, that workplace facilities have not always resulted in increased levels of physical activity (Sallis et al, 1998). This underscores the importance of identifying objectives and evaluating their achievement.

\textsuperscript{15} In a 1995 survey, 68% of older Canadian adults said they had participated in gardening activities (CFLRI, 2001).
4.3 Summary

The findings in this chapter supplement the range of examples given in chapter three. These active living possibilities relate to planners who work in housing, land use and social planning, development, transportation, architecture and urban design. The implementation of specific actions and programs to bring active living goals to fruition must reflect community-based needs and interests (ALCOA, 1999a). These suggestions, hence, are not “prescriptive solutions” (ALCOA, 1999a, p.12). Rather they are intended to provide a range of planning possibilities that have been cited by knowledgeable individuals from the planning and active living community.

The ideas for planning action presented above, fit nicely into The Blueprint’s framework and goals. Cooperation among organizations with an active living interest (goal no. 4) is needed. Involving older adults in decision-making (goal no. 5) is a way that planners can enable our elders to advocate for a quality of life that includes physical activity. This will also ensure that buildings, neighbourhoods, streets, plans and trails are appropriate and can be adapted as required (goal no. 7). Increasing awareness about the importance of active living is the number one priority goal of The Blueprint.
Chapter 5
Future Steps

5.1 Introduction

Chapters three and four revealed many examples of what planners are and should be doing to facilitate active living for older adults. Six categories of findings provided a diversity of paths to occupy and challenge planners for some time. This chapter summarizes three major future steps. From an organizational perspective, it is important that the Canadian Institute of Planners continue to develop partnerships with the active living community. Further research is needed to expand the limited scope of this project. Finally, evaluation is critical if planning is to help increase the activity levels of older Canadians.

5.2 Future Steps

5.2.1 Partnerships

It was a recurrent finding of this research that an interdisciplinary approach is needed in order to address sedentary lifestyles. An obvious starting point for planners is to strengthen existing relationships. The Canadian Institute of Planners should continue to support its membership in ALCOA and participate as actively as possible. During the interviews, ALCOA members were asked how they felt about CIP’s participation in the coalition. Their answers were all positive:

It’s essential that ALCOA has communication with professional planners.

CIP’s membership; it’s absolutely vital

CIP is a positive addition to ALCOA membership; A planner should sit on the “older adults”’ advisory (of ALCOA).

A simple idea that was raised at a December 1999 ALCOA meeting, was to use national organizations’ websites to send active living messages (ALCOA, 1999c). The CIP website (www.cip-icu.ca) now has a link to ALCOA’s site (www.alcoa.com). The CIP
site could be expanded to include more information on the benefits of active living, provide links to other sites or to share insightful research. As a professional association, CIP relies on the commitment of its members to advance interdisciplinary projects. This obviously presents challenges given the limited resources of the Institute. Yet all planners, even those who do not belong to CIP, must agree that active living for older adults is a goal to which we all should aspire.

Other partnership opportunities could also be explored and pursued. The “Active Australia” campaign mentioned briefly above, may serve as a model for intersectoral cooperation. One of CIP’s goals is to heighten the national profile of planning and of CIP and its affiliates through effective communication and network strategies (Seasons, 2000). In the fall of 2001, there may be an opportunity to do this at “Whistler 2001,” a conference hosted by Health Canada and the Center for Disease Control and Prevention. The purpose of this conference is to move scientific enquiry about physical activity and its benefits, out of the laboratory and into homes (and communities) across Canada and the United States (Whistler, 2001). Several sessions will relate directly to planners. One will be about tailoring physical activity promotion messages to different audiences, including community planners. Another will pertain to transportation and efforts to encourage biking and walking. A third session will be about physical activity initiatives for older adults. Through its connection with the active living community, planners may continue to learn about and be part of such exciting joint ventures in the future.

5.2.2 Further Research

During the course of this project, several ideas for future research emerged. Some relate to augmenting the scope of the project. For example, the suggestions offered during the interviews could be studied in greater detail to identify how they may be applied to other circumstances. This includes the work that has been done in both Regina and Australia. It may also be useful to search for more examples of planning that had an active living focus by speaking with planners in all parts of Canada, in other countries and from the private and non-governmental sectors. In this way, a “Planning to be Active” library of best practices could be collected and posted on CIP’s website or other media. Sharing

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16 One possibility is the wonderful annotated bibliography mentioned earlier, *How Land Use and Transportation Systems Impact Public Health* (Frank et al, 2000).
research findings widely and translating them into clear messages is a Blueprint goal (ALCOA, 1999a).

Another area for further research is to examine other communities that are believed to be relatively more walkable or active. While historical circumstances are often the basis for compact community forms, such as in parts of Europe, progressive, contemporary planning practices may be equally responsible. In a country like the Netherlands, which is often celebrated for its extensive cycling network, inactivity is still a major health problem. Obviously, it is not enough to "build it" and expect "they" will come. In Europe, seniors constitute 18% of the European population. This compares to 12% percent in Canada (Fancy Footwork, 1998). Countries with high proportions of older adults may also have useful insights for Canadian planners interested in promoting healthy, aging communities.

Legislative mechanisms to promote active living should also be explored. One interviewee commented that one sure way to get planners to pay attention is to require them to do something. Provincial planning acts might, for example, be amended to require official plans to include statements or policies on aging or active living. Recognizing the immense value of active living to an individual’s and community’s health should be mandated at every feasible opportunity.

5.2.3 Evaluation

Planners often have little time to evaluate their work. One way to alleviate this dilemma is for planners to team up with others. The Canadian Fitness and Lifestyle Research Institute, for example, is currently conducting a study on how conducive nine communities are to walking and cycling. While planners in the communities being studied have apparently been peripherally involved, planners in general may be interested in the results and testing them in other locations. Employing university students may be a cost-effective method of evaluating planning exercises. It could be mutually beneficial by providing experience for future professionals and allowing planning projects to be assessed with “fresh eyes.”

17 In Holland, an overweight population contributes to the majority of health care costs (Colditz, 1999, p.8665).
As noted above, one of The Blueprint's goals is to continually monitor and evaluate programs, services and outcomes to ensure that the active living needs, interests and concerns of older adults are being met (ALCOA, 1999a). Rick Atkinson at the University of South Australia has studied the effectiveness of planning in promoting active lifestyles (Atkinson, 2000). Unfortunately, no further information about his work was obtained during the course of this research project. CIP may wish to take a lead in promoting the use of active living indicators. Some relevant indicators that have been suggested and that follow from chapters three and four are:

- land use patterns that promote walking and biking, and
- accessible and affordable community centres, recreational facilities and parks

These indicators may help planners evaluate specific development projects or community plans. Tangible measures related to the first indicator may include the proximity of different and mixed land uses, a grid street pattern and the presence and length of sidewalks. Measures for the second indicator may include distance from seniors' housing to parks and recreational facilities and the cost associated with using them.

5.3 Conclusion

At the beginning of this project, the problem statement claimed that planners were paying insufficient attention to their role in promoting active living for older adults. In chapter two, planners were given many reasons why they should pay greater attention. The benefits of active living are compatible with many planning goals that relate to healthy and sustainable communities. The urgency of the aging and active living imperatives cannot be understated.

In chapter three, many good examples of planning with an active living focus were presented. They revealed that active living can be promoted in many basic ways – through housing and street design and through research and policy. Despite these good

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18 The Greater Vancouver Regional District (GVRD) is currently exploring the use of such indicators as a checklist or framework to capture the most significant social components of complete, sustainable or healthy communities (GVRD, 2001).
examples, "we're just touching the tip of the iceberg," as one of the interviewees concluded. Chapter four identified additional planning opportunities for facilitating active living for older adults. If planners are already promoting active living without even realizing it, it is exciting to imagine the possibilities of deliberate action. The health of today's seniors, and all of us who hope one day to belong to this group, is at stake.

During the interviews, ALCOA members were asked if they had a message they would like to send to planners. Their responses confirm that there is still much work to be done:

Planners need to create enabling environments.

Planners need to seriously rethink the importance of physical activity and opportunities to be active amongst older adults. It's better to live vigorously and happily and die quickly.

Keeping people healthy and active as long as they can should be a major goal of planners.

One of the interviewees, an older gentleman, beautifully summed up the possibilities of active living by saying,

There are so many lovely things that can happen.

Active Living Coalition for Older Adults (ALCOA). (1999a). Moving Through the Years: A Blueprint for Action for Active Living and Older Adults. Toronto, Ontario.


Health Canada, Active Living Coalition for Older Adults, Canadian Society for Exercise Physiology. (1999). Canada's Physical Activity Guide to Healthy Active Living for Older Adults.


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Planning’s Links to Active Living for Older Adults

Tina Atva
Appendix 1

**Canadian Declaration on Active Living and Older Adults**

In Acknowledgement of the United Nations General Assembly's designation of 1999 as the International Year of Older Persons; and

In Appreciation of the significant contribution that older adults make everyday to Canada as a nation; and

In Recognition of the importance of active living for human development, as a way of life in which physical activity is valued and integrated into daily life.

We, as Canadians, embrace the following Guiding Principles as a reflection of our values, beliefs, and philosophical underpinnings as we strive to attain our collective vision of an active society where all older Canadians are leading active lifestyles, thereby contributing to their physical health and overall well-being.

**Principle 1**
It is recognized that active living is essential for daily living and a cornerstone of health and quality of life.

**Principle 2**
There is a need for more positive attitudes toward aging, with realistic images that depict older adults as respected, valued, and physically active members of society.

**Principle 3**
Older adults should be encouraged to participate in decision-making and leadership positions, in all phases of program or service development and delivery.

**Principle 4**
Through coordination and collaboration, consistent messages and programs pertaining to active living can have a significant impact on society and lead to long-term, positive change.

**Principle 5**
Issues, interests, and needs of older adults in their community must be identified; and accessible, affordable active living activities and programs must be designed to meet those needs.

**Principle 6**
While it is recognized that aging and learning are both life-long processes, it is appreciated that, for some, pre-retirement years may be a key time to re-focus on active living and well-being.

**Principle 7**
Canada is a society for all ages, therefore programs and services should be developed which accommodate older adults' choice to be with others.

**Principle 8**
There is a need to identify, support, and share research priorities that apply to active living and aging.

**Principle 9**
There is a need for education and promotion of the health benefits of active living as a way of life for older adults.

(Source: ALCOA, 1999d)
Appendix 2
Moving Through the Years: A Blueprint for Action for Active Living and Older Adults
Priority Goals

1. To increase public awareness about the benefits of active living throughout the life span, thus enabling older adults to experience, value, and appreciate the importance of physical activity
   ✓ Educate and increase the awareness of the general public of all ages
   ✓ Educate and increase the awareness of inactive older adults
   ✓ Educate and increase the awareness of the media

2. To develop competent leaders in active living who can meet the needs and interests of the older adult
   ✓ Encourage and provide peer leadership training opportunities
   ✓ Encourage and provide leadership training to new and existing leaders about the participation and motivation needs of older adults

3. To support and encourage older adults’ desire to embrace an active lifestyle by ensuring that resources and social supports needed to be active are in place
   ✓ Ensure financial implications of participation needs are addressed
   ✓ Ensure appropriate support systems are in place to address such concerns as transportation, snow removal, accessibility, and peer support

4. To strengthen delivery systems and improve levels of cooperation, coordination, and communication among organizations with an interest in active living and older adults
   ✓ Encourage regular sharing of information through joint meetings, Web sites, newsletters, reciprocal mailouts, bulletins, and other forms of printed submission
   ✓ Collaborate on projects of mutual interest and benefit

5. To encourage and enable older adults to advocate for the right to a quality of life that includes physical activity, well-being, and opportunities of active living
   ✓ Ensure that the views of older adults are adequately represented in decision-making at all levels
   ✓ Encourage older adults to voice their interests and concerns about active living (e.g. encourage contributions to a seniors newspaper column)
Appendix 2

Moving Through the Years: A Blueprint for Action for Active Living and Older Adults

Priority Goals (continued)

• Promote upcoming events in local stores, community centres, doctors’ offices, and church bulletins

6. To identify, support, and share research priorities and results on aging and active living

✓ Ensure that research findings are widely shared with others
✓ Strengthen links between theoretical and applied research

7. To continually monitor and evaluate programs, services, and outcomes to ensure that the active living needs, interests, and concerns of older adults are being met

✓ Ensure that older adults have easy access to providing input and feedback to existing programs and services
✓ Adapt or modify programs and services accordingly, based on monitoring and evaluating results

(Source, ALCOA, 1999a)
Appendix 3
ALCOA Members
(as of February 2001)

ROUND TABLE MEMBERS
Active Living Alliance of Canadians with a Disability
Alberta Centre for Well-Being
Canadian Centre for Activity and Aging
Canadian Association for the Advancement of Women and Sport
Canadian Association of Cardiac Rehabilitation
Canadian Association of Occupational Therapy
Canadian Institute of Planners
The Canadian Red Cross Society
Canadian Society for Exercise Physiology
College of Family Physicians of Canada
Fondation en Adaptation Motrice
Institute for Positive Health for Seniors
Manitoba Cardiac Institute
Canadian Seniors Games Association
Canadian Physiotherapy Association
The National Indian and Inuit Community Health Representatives Organization
Ontario Coalition of Seniors Citizens Organizations
Osteoporosis Society of Canada
ParticipAction
Saskatchewan Seniors Mechanism
VON
YMCA

CORRESPONDING MEMBERS
Federal Superannuates National Association
Co-operative Housing Federation of Canada
City of Regina

CORPORATE MEMBERS
Merck Frosst

(Source: ALCOA, 1999d)
Appendix 4
Interview Questions

Interview Questions for Active Living Coalition for Older Adults (ALCOA) Members

1. What are some of the benefits active living has for older adults? You could answer this generally or describe some of the personal benefits you feel you have received by being active.

2. Do you think that planners need to be aware of the benefits of active living for older adults? If yes, why? If no, why not?

3. What do you think are some of the reasons why many older people are not active?

4. Given your understanding of the planning profession, do you think there is something that planners should be doing in order to facilitate active living for older adults? If yes, what are some things that planners should be doing?

5. Can you identify any examples you have seen or heard about where it seemed that planners had made it easier for older people to be more active?

6. As a member of ALCOA, how do you feel about the Canadian Institute of Planners’ (CIP) membership in ALCOA? Do you think their membership is valuable? If so, why? If not, why not? In what ways do you think CIP’s role might be enhanced?

7. If you could send a message to the planning community about active living, what would that message be?

8. Do you have any questions about my research project at this time?

9. Would you like to receive or have access to a copy of these research findings?

Interview Questions for Planners and Related Professionals

1. Are you familiar with the active living concept? If so, could you describe it to me? (If not, interviewee will describe).

2. Do you know what some of the benefits of active living are for older adults? (If answer to question 1 was “no”, interviewee will describe some of the benefits.)

3. Do you think planners could or should have a role in facilitating active living for older people? If yes, could you describe what this role(s) might be? If not, could you explain why you feel there is no role for planners?
Appendix 4
Interview Questions (continued)

4. Can you think of some examples of planning exercises that had an active living focus, or an environment that was planned with active living in mind? Could you describe it/them please?

5. Do you think planners are sufficiently aware of active living, its importance, its goals, benefits and barriers? If no, could you provide any ways by which you think planners could become more aware?

6. Do you know about the Active Living Coalition for Older Adults (ALCOA)? If yes, could you tell me what you know? (If no, interviewer will describe.) Do you think there is value in the Canadian Institute of Planners belonging to ALCOA? If yes, explain.

7. Do you have any questions about my research project at this time?

8. Would you like to receive or have access to a copy of these research findings?

Interview Questions for Demographer/Gerontologist

1. Could you describe some of the issues you think we (Canadians, in general) are facing with the aging of our population?

2. What do you see is an appropriate role or roles for planners with regards to this aging population?

3. Are you familiar with active living and its value for older adults? If so, please describe.

4. With regards to active living, what, if anything, do you think planners should be doing in order to encourage older people to be more active?

5. Do you have any questions about my research project at this time?

6. Would you like to receive or have access to a copy of my research findings?
Appendix 5
List of Interviewees

1. Mr. Don Wackley, Ontario Coalition of Senior Citizens' Organizations, ALCOA, Toronto, Ontario

2. Mr. Tim Park, Supervisor, Land Acquisition & Development Applications, Economic Development, Culture and Tourism Department, City of Toronto, Toronto, Ontario

3. Ms. Barbara Harwood, Past Representative of Canadian MedicAlert Foundation to ALCOA, Victoria, B.C.

4. Mr. Gary Short, Parks & Recreation Planner, Area Landscape & Planning Initiatives, Parks & Recreation Planning Unit, Policy & Development Division, Economic Development, Culture and Tourism Department, City of Toronto, Ontario

5. Mr. Doug Koch, Manager, City Planning Division, Planning and Development Department, City of Victoria, B.C.

6. Ms. Cheryl Kathler, Social Planner, Planning and Development Department, City of North Vancouver, B.C.

7. Ms. Valerie Neilsen, Manager, Community Development Services, Parks, Recreation and Culture, City of Surrey, B.C., (retired March, 2001), ALCOA

8. Mr. Art Burgess, ALCOA, Victoria, B.C.

9. Ms. Wendy Zink, Manager, Community Planning Division, Parks and Community Services Department, City of Victoria, Victoria, B.C.

10. Dr. Gerald Hodge, Director, New Aging Institute, Planning Consultant, Denman Island, B.C.

11. Ms. Joanie Clary, Community Recreation Programmer, Parks and Recreation Division, Community Services Department, Sunshine Coast Regional District, Sechelt, B.C.

12. Dr. Susan Crawford, Associate Professor, Gerontology Research Centre, Simon Fraser University, Vancouver, B.C.

13. Mr. David Baxter, Executive Director, Urban Futures Institute, Vancouver, B.C.
Appendix 6
The Benefits Catalogue
Marketing Messages

1. Recreation and active living are essential to personal health – a key determinant of health status.

2. Recreation is a key to balanced human development – helping Canadians reach for their potential.

3. Recreation and parks are essential to quality of life.

4. Recreation reduces self-destructive and anti-social behaviour.

5. Recreation and parks build strong families and healthy communities.

6. Pay now or pay later! Recreation reduces health care, social service and police/justice costs.

7. Recreation and parks are significant economic generators in your community.

8. Parks, open space and natural areas are essential to ecological survival.

(Source: Canadian Parks and Recreation Association, 1997)