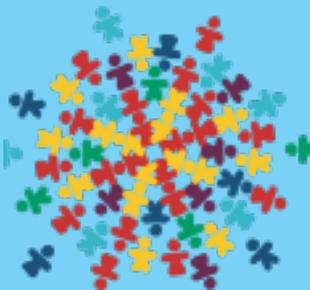


**SOCIAL CONNECTEDNESS
FELLOWSHIP PROGRAM**
MAKING MONTREAL
AGE-FRIENDLY



BY: ERIC LINDSAY
SOCIAL CONNECTEDNESS FELLOW 2018
SAMUEL CENTRE FOR SOCIAL CONNECTEDNESS
WWW.SOCIALCONNECTEDNESS.ORG
MAY 2018

TABLE OF CONTENTS

ABSTRACT	4
EXECUTIVE SUMMARY	5
INTRODUCTION	6
RESEARCH METHODOLOGY	8
KEY DEFINITIONS	8
ISSUES	10
SOCIAL ISOLATION	12
RECONNECTING: PREMISE OF AN AGE-FRIENDLY CITY	14
FINDINGS	18
POLICY RECOMMENDATIONS	
Built Environment	24
Social Environment	26
Political Environment	26
Summary	27
CONCLUSION	28
BIBLIOGRAPHY	29

ABSTRACT

Over the next 12 years “the number of people aged 60 years or over is projected to grow by 56 percent, from 901 million to 1.4 billion” (UNDESA, 2015). Never in history has the world seen this many people live so long and in such great numbers. Sadly, social isolation has risen to parallel this phenomenal achievement; bringing with it higher incidences of premature death, depression, and dementia. And unfortunately, Montreal is no exception to this worldwide phenomenon. In consequence, to reconnect Montreal’s older population, this report sought to develop a series of policy recommendations that fell in-line with the doctrine of the World Health Organization’s Age-Friendly Cities initiative.

Keywords: Age-Friendly, City, Cities, WHO, Montreal, Built-Environment, Accessibility, Isolation, Older-Persons, Aging



EXECUTIVE SUMMARY

This report seeks to reconnect Montreal's increasingly isolated older population to wider society through the process of becoming an Age-Friendly City. Accordingly, under the guidance of the World Health Organization's Age-Friendly City Guide, this report sought to identify the most isolating areas of the built-environment; and, develop grass-roots policy recommendations to further Montreal's progression towards becoming truly Age-Friendly. In turn, it was found that: (1) roadside infrastructure; (2) access-to-transport; (3) buildings; and (4) the additive effects of winter, were the most isolating areas of Montreal's built environment.

Likewise, to address these concerns and progress towards becoming a truly Age-Friendly City, Montreal needs to act on three key areas:

Key Policy Recommendations

1) **Built Environment:** The built environment is the nucleus of the Age-friendly Cities initiative. Improving the city's physical infrastructure makes sites and services more accessible and thus promotes social connection. By making things like roadside infrastructure, public transportation, and new-buildings more Age-friendly; and tackling winter conditions with more vigour, older persons will be more able to interact with society.

2) **Social Environment:** The social environment of the city is equally as important as the built environment. Promoting a culture of respect and reciprocity is paramount to the success of an Age-friendly City. Thus, school curriculums ought to be amended to include instruction on the respect and value of older persons. And, to ensure that these virtues are engrained at an early age, intergenerational mentoring programs ought to be established in local schools.

3) **Political Environment:** Lastly, maintaining a continued and effective presence in policy decisions is crucial in creating a long-lasting Age-friendly city. Therefore, it is recommended that an older persons' advocate be a permanent fixture in local government; that annual forums be held to hear and react to evolving needs; and, that public officials entrench themselves in discussions at the grassroots level.

INTRODUCTION

Presently, population aging is set to become one of the most significant social transformations of the 21st century. Over the next 12 years, “the number of people in the world aged 60 years or over is projected to grow by 56 percent, from 901 million to 1.4 billion, and by 2050, the global population of older persons is projected to more than double its size, reaching nearly 2.1 billion” (UNDESA, 2015). Due in part to a uniquely large ‘baby-boomer’ cohort, relative post-war international stability, and significant advances in public health and medical technologies, the world is seeing people live longer and in greater numbers than ever before. Moreover, a contemporary rural-to-urban shift has seen older persons increasingly concentrated in urban areas; “in 2015, 58 percent of the world’s population aged 60 years or over resided in urban areas” (UNDESA, 2015). People are living longer and are choosing to do so in cities. Unfortunately, this phenomenal achievement, which ought to deserve the world’s applause, has put the world, and especially its major cities, in an unprecedented demographic situation. The world simply does not have the capacity to care for this booming population. Furthermore, the modern world was simply not built to deal with the realities of today. Alas, the current physical, social, and political environment was not forged with age-equity in mind. In consequence and in parallel to this demographic shift, social isolation has emerged as a direct threat to the health and well-being of older persons.

In Canada, 30% of seniors are at risk of being socially isolated (Keefe et al, 2006). In Quebec alone, there are over 600,000 people in the 75+ age bracket, a number which is expected to double within the next two decades (National Seniors Council). Accordingly, by 2040, there will be 1.2 million people over the age of 75 in Quebec, meaning that over 360,000 seniors will be at risk of being socially isolated. The consequences of these numbers are far reaching and will manifest themselves physically, socially, emotionally, and psychologically. One study even found that socially isolated people had two to four times the risk of all-cause mortality compared with those with more friends, relatives, and community ties (Eng et al. 2002). Alas, reaching socially isolated persons and preventing future social isolation is paramount to the success of contemporary society. Therefore, to support our aging society, many cities around the world including Montreal have launched initiatives to become ‘Age-Friendly Cities’. This concept of Age-Friendly Cities refers to spaces where both public and private sites and services are accessible to all ages and abilities.

This access to sites and services affords people of all ages and especially older persons, the opportunity to retain or reclaim lost agency and stave off social isolation. The thought being that increased accessibility and mobility within society increases social connectedness.

Despite committing to becoming an Age-Friendly City (Métropole Amie des Aînés) in 2011, Montreal is still working towards becoming more age-friendly. And, quite frankly, as surmised by Professor Meghan Joy of Concordia University, "...cities were planned without older persons in mind" [...] cities were planned for the "neutral citizen"; an impartial social entity devoid of physical or societal constraint (Pers. Comm. April 17th, 2018). Alas, Montreal is no exception. Montreal was built for, and largely shaped by the automobile; and, in consequence, was largely planned without thought for the needs of an aging population; without thought for change in age or ability. With this, modern society finds itself staring blankly at a wholly unprecedented demographic situation.

Accordingly, this report seeks to answer a two-pronged question: "First, how does Montreal's built-environment contribute to older person's isolation; and second, what must Montreal do to continue progressing towards becoming a truly Age-Friendly City?" In turn, this report contends that Montreal's built-environment is car-centric and unfriendly to its aging population; and, to become an Age-Friendly City, Montreal must re-evaluate accessibility regarding sites and services, both public and private; along with social and political discourses on the topic.



RESEARCH METHODOLOGY

All report research and subsequent recommendations are made based on literature analysis and/or in-person interviews. The literature analysis and prescient findings were derived primarily from online sources; closely examining International, National, Provincial, and Municipal reports. Conversely, interviews were conducted in-person and throughout the Greater Montreal Area. In each instance, the largely informal, conversation-based interviews were entirely voluntary and organized via program coordinators at: The New Hope Centre, The Contactivity Centre, Group Harmonie, and Concordia University. In total, twenty-two people were interviewed throughout the research process; two academic experts and twenty self-identified older persons. The interviews were conducted solely in English, although often with bilingual participants and thus reflect a degree of bias in relating experiences interacting with Montreal's social and political environments. Nevertheless, the experiences, opinions, and recommendations of the participants are invaluable in progressing towards becoming more age-friendly; people are concerned and their voices are irreplaceable in policy-making at all levels of government. So, instead of deciding for older persons what constitutes accessibility and inclusiveness this report sought to find out first-hand what really matters by giving a space for their voices to be heard.

DEFINING 'OLDER'

First, before delving deeper into the interconnection between age-friendliness and social isolation, we need to define what constitutes old age and what qualifies someone as an older person. According to the World Health Organization, "...there is no general agreement on the age at which a person becomes old." (WHO, 2002). However, most people, if not all, would agree that aging is an inevitable, irreversible, and dynamic biological process. A process which affects everyone in a different way. Thus, growing 'old' is largely a relative phenomenon. And, inherent in this conception of relativity lies the premise that the qualifier for old age and therefore qualifying someone as an older person, is invariably socially constructed. Simply put, the 'onset' of old age varies from person to person. Therefore, old age "...is often associated with a change of social roles and activities" (UNFPA, 2012). "Older persons often define old age as [the] stage at which functional, mental and physical capacity is declining and people are more prone to disease or disabilities" (UNFPA, 2012). Additionally, given advances in medical technologies and post-WWII geopolitical

stability the average lifespan has dramatically increased over the past century; from 45-50 years of age in 1900 to presently around 80 years of age (UNFPA, 2012). Once more, this demonstrates that old age is not necessarily tied to a number but rather a change in personal circumstance. Unfortunately, to properly address service gaps and to prepare recommendations to solve for future needs, a quantifiable age-range must be identified.

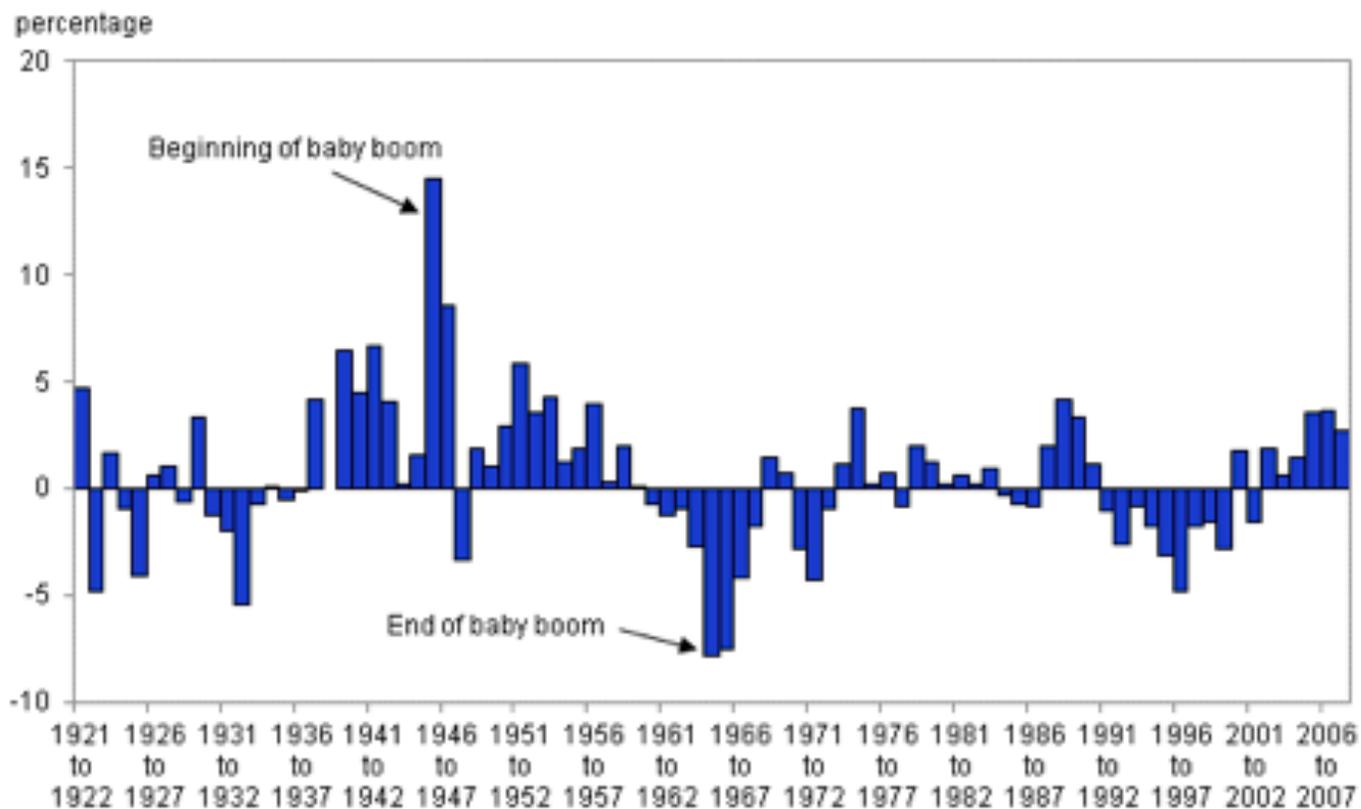
Accordingly, acknowledging that the average retirement age is 65 years old and that the United Nations uses a criterion of 60+ to refer to older people, this report will err to the latter to incorporate and allow for the relative effects of aging to be equitably addressed (2012). Therefore, for the purposes of this report, the term 'older persons' will encompass all those 60+.



ISSUES

As previously mentioned, much of the developed world, and especially Canada, is on the brink of a drastic demographic shift. “In 2013, Canadian seniors made up approximately 15 percent of the global population. By 2036, this number is expected to increase to between 23 and 25 percent. In 2036, there will be about 40 seniors for every 100 adult Canadians – double the number in 2013” (MacCourt, 2012). Likewise, “...by 2063, there [will] be 26.3 children and 43.4 seniors per 100 persons aged 15 to 64 years” (Highlights: Canada, 2013). Moreover, “the number of older seniors (aged 80 and over) [will] continue to increase rapidly in the coming years, particularly between 2026 and 2045 as the baby-boom cohort enters these ages. According to projection scenarios, the population aged 80 and over [will] increase from 1.4 million in 2013 to between 4.0 million and 4.9 million by 2045, representing about 10% of the total Canadian population” (Highlights: Canada, 2013). Additionally, if population projections hold true, “the number of centenarians (persons aged 100 years and over) [will] multiply nine times over the next 50 years, from 6,900 in 2013 to 62,200 in 2063” (Stats Canada, 2013). Evidently, Canada’s senior population is living longer and in greater numbers than ever before. This phenomenon is due in part to three key reasons: the end of World War II, relative post-war international stability, and significant advances in public health and medical technologies.

On September 2nd, 1945, onboard the USS Missouri, U.S. Army General Douglas MacArthur accepted Japan’s unconditional surrender, ending one of the most devastating conflicts in world history. Alas, devastated by war and seeking normalcy, the world collectively set out to rebuild and set a course to prosperity. And, because America, as well as Canada, had been untouched during the war – they were in a unique position to prosper; and, in the years following the war, they did just that. America emerged as the hegemon, with Canada in tow, and buoyed by economic prosperity and embroiled in the feverous rapture of having survived the war, populations soared. From 1946 to 1965, the ‘baby boom’ saw a 15% increase in annual births (Statistics Canada, 2011). This sustained population boom then grew and prospered amidst Cold War tensions; which afforded these new populations the stability they needed to grow both in numbers and economically.



Source: Statistics Canada, Health Statistics Division, Vital Statistics.

Because of the stability of the post-war era, medical technology could improve unfettered by the clawing needs of the war effort. Resultantly, huge steps were taken regarding childbirth, in that physicians developed the ability to induce labor and perform epidurals to reduce complications during childbirth. And, additionally, vaccines were developed for polio, rubella, and measles; new antibiotics were developed to treat Tuberculosis; steroids were featured more heavily in pain management regarding relieving pain and inflammation; kidney dialysis became more widely available; and, ultrasound and magnetic resonance made it far easier to detect diseases (Trueman, 2015). These innovations, among a myriad of others have fundamentally altered life expectancy in the 21st century. “Diseases that would have almost certainly killed in 1945 are now usually treatable and in many instances curable.” (Trueman, 2015). This assertion is reflected by the fact that life expectancy has soared, rising from 45-50 years of age in 1900 to presently around 80 years of age (UNFPA, 2012).

Alas, considering these phenomenal achievements in fertility, peace, and science, a new crisis is emerging. Cities, and relevant physical, social, and political infrastructure were not developed for our aging population; and, especially not for such vast numbers. In effect, care gaps have emerged within modern society and by consequence, older persons are becoming more-and-more at risk of suffering from social isolation.

SOCIAL ISOLATION

Simply put, social isolation is a deprivation of social connectedness (Zavaleta et al, 2014). More explicitly, social isolation is defined as: “the inadequate quality and quantity of social relations with other people at the different levels where human interaction takes place (individual, group, community, and the larger social environment” (Zavaleta et al, 2014). Likewise, in its effects, “social isolation is multidimensional. It encompasses physical dimensions, mental health and psychological dimensions, and social dimensions. And, it can be severe, and has a temporal dimension; that is, it could be permanent, periodic, or episodic if related to life cycles or life transition phases” (Keefe et al, 2006). Accordingly, factors which contribute to social isolation are:

Factors placing older persons at risk of social isolation:

- Living alone;
- Being age 80 or older;
- Having compromised health status;
- Having multiple chronic health problems; having no children or contact with family;
- Lacking access to transportation;
- Living with low income;
- Changing family structure;
- Being left behind by younger people migrating for work;
- Location of residence;
- Experiencing critical life transitions such as retirement;
- Death of a spouse;
- Losing a driver’s licence;
- Lacking awareness of or access to community services and programs; and,
- Being a caregiver

(Source: The National Seniors Council’s: *Report on the Social Isolation of Seniors 2013-2014*)

Furthermore, it is important to note that the consequences of social isolation manifest themselves individually and societally. At the individual level, “research shows that social isolation and exclusion are associated with: increased chance of premature death; reduced sense of well-being; more depression; dementia; more disability from chronic diseases; poor mental health; increased use of health and support services; reduced quality of life; caregiver burden; poor general health; and, increased number of falls” (MacCourt, 2012). Moreover, one study even found that social isolation “... increases one’s chances for early death to a similar degree to smoking 15 cigarettes a day” (Holt-Lundstad et al, 2010). Additionally, social isolation’s negative impacts are felt at the societal level. Social isolation detracts from the individual’s capacity to fully participate in the community through volunteering or supporting local businesses and events. In consequence, “the adverse [societal] effects of social isolation can lead to increased costs in health care and social services”; exacerbating service gaps and compounding the impacts of individual consequences (MacCourt, 2012).

"Moreover, one study even found that social isolation '...increases one's chances for early death to a similar degree to smoking 15 cigarettes a day' (Holt-Lundstad et al, 2010)."

Alas, social isolation is a serious threat to the individual as well as society. However, social isolation is quite possibly most threatening to our aging population. As previously mentioned, “about 30 percent of Canadian seniors are at risk of becoming socially isolated” (Keefe et al, 2006). Moreover, MacCourt contends that “the number one emerging issue facing seniors in Canada is keeping older people socially connected and active” (2012). And, given that by 2036 older persons will make up approximately 23 to 25 percent of the total population, social isolation comes into focus as an issue that requires immediate attention; attention and consideration in all present and future planning and programming (MacCourt, 2012). In turn, this report contends that this attention and consideration can be brought forward via subscription to the Age-friendly cities program.

RECONNECTING: PREMISE OF AN AGE-FRIENDLY CITY

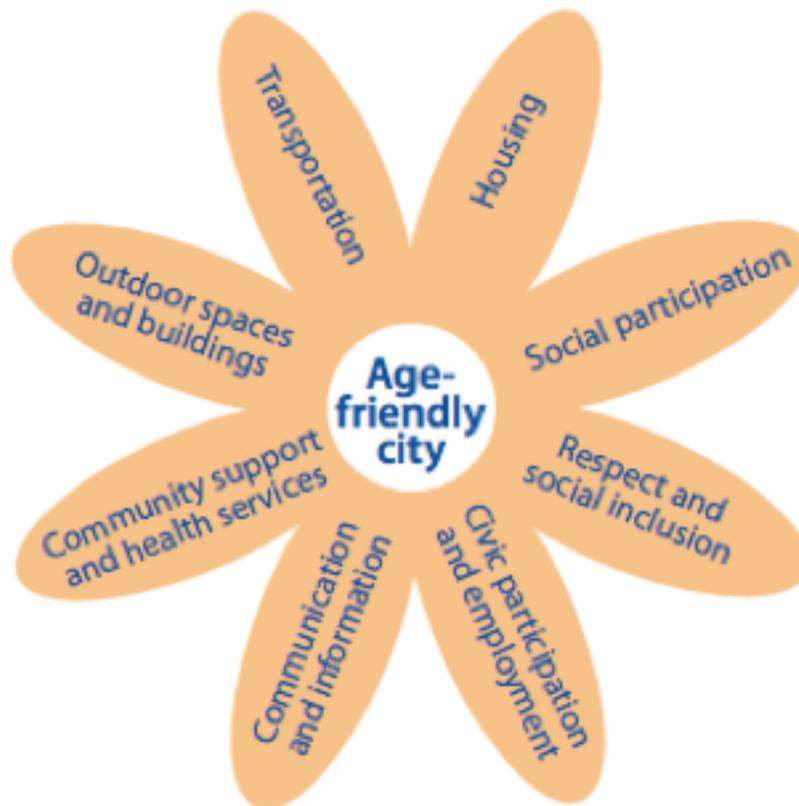
“An age-friendly city encourages active aging by optimizing opportunities for health, participation, and security, to enhance quality of life as people age” (WHO, 2007). Likewise, Alley et al define an age-friendly city as “...a place where older people are actively involved, valued, and supported with infrastructure and services that effectively accommodate their needs” (2007). Moreover, “in an age-friendly city, policies, services, and settings and structures, support and enable people to age actively by: recognizing the wide range of capacities and sources among older people; anticipating and responding flexibly to aging-related needs and preferences; respecting their decisions and lifestyle choices; protecting those who are most vulnerable; and promoting their inclusion in and contribution to all areas of community life” (WHO, 2007). Evidently, an age-friendly city is largely a holistic concept; incorporating the physical, social, and political needs of all ages and abilities into a singular paradigm. In doing so, advocates can equitably promote and address the needs of the most vulnerable populations. And as such, the age-friendly cities program factors in to be an integral part of addressing service gaps in our care

“If we can create spaces that are accessible, that are inclusive, where we are not being ageist, we are not discriminating, not reinforcing negative stigmas about older people, [that is an Age-friendly City].”

- Shannon Hebblethwaite (Pers. Comm. April 5th, 2018)

Derived from the concept of ‘active-aging’ and to encourage cities to plan for aging, “... the World Health Organization (WHO) initiated a global, collaborative project in 2005 to identify the key features of an ‘age-friendly’ city that would be meaningful to communities in developing as well as developed countries” (Plouffe and Kalache, 2010). Two years later, in 2007, the WHO published ‘Global Age-Friendly Cities: A Guide.’ The guide was created based on the first-hand experiences of older persons living in cities throughout the world and aimed “...to engage cities in creating urban environments and services that foster the full participation of older adults in the public life of their communities” (Urtnowski, 2016).

In turn, the guide found and outlined eight key domains of community life: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and, community support and health services.



Source: (WHO, 2007)

Additionally, within each of these eight key domains of community life, the WHO and its researchers identified a multitude of sub-domains integral to achieving 'age-friendliness'. These sub-domains are as follows:

DOMAINS & SUB-DOMAINS

1. Outdoor Spaces & Buildings: environment, green spaces & walkways, outdoor seating, pavements, roads, traffic, cycle paths, safety, services, buildings, public toilets

2. Transportation: affordability, reliability and frequency, travel destinations, age-friendly vehicles, specialized services, priority seating, transport drivers, safety and comfort, transportation stops and stations, information, community transport, taxis, roads, driver competence, parking

3. Housing: affordability, essential services, design, modification, maintenance, aging in place, community integration, housing options, living environment

4. Social Participation: accessibility of events and activities, affordability, range of events and activities, facilities and settings promotion and awareness of activities, addressing isolation, fostering community integration

5. Respect and Social Inclusion: respectful and inclusive services, public images of aging, intergenerational and family interactions, public education, community inclusion, economic inclusion

6. Civic Participation and Employment: volunteering options, employment options, training, accessibility, civic participation, valued contributions, entrepreneurship, pay

7. Communications and Information: information offer, oral communication, printed information, plain language, automated communication and equipment, computers and the internet

8. Community Support and Health Services: service accessibility, offer of services, voluntary support, emergency planning and care

In total, these eight key domains and their uniquely curated sub-domains make up the World Health Organization's Age-friendly city Guide and identify the salient points in progressing towards meeting the needs of aging populations. Understandably, the Guide, and the conceptualization of the 'Age-Friendly City' have been revolutionary to the way municipalities approach community planning. The initiative has provided a baseline for future planning decisions and professes a participatory, bottom-up approach which is integral to equitable planning. One which, instead of telling older persons how to and what they needed to actively-age, has allowed older persons a platform to share their own input.

Accordingly, in the years following publication and in acknowledgment of "...the converging trends of population aging and urbanization..." cities around the world have begun committing to the guidelines put forward by the World Health Organization (Urtnowski, 2016). Cities around the world, from Asia to North America, from the city-state of Singapore to Vancouver, have committed to the Age-friendly initiative or have developed similarly inspired municipal strategies. Following suite, "in March 2011, the City of Montreal (Ville de Montréal) announced its commitment to becoming an age-friendly city, a Métropole Amie des Aînés (MADA)" (Urtnowski, 2016).

The following year, on October 1st, 2012, the City of Montreal launched the '2013-2015 Municipal Action Plan for Seniors. Within the Municipal Action Plan, the city made 7 Age-friendly commitments, these were: (1) contribute to making Montreal a safe city for seniors; (2) develop public space to make it easier for seniors to access; (3) improve the living conditions of seniors to enable them to live at home as long as possible; (4) facilitate the movement of seniors in the city; (5) improve accessibility to information; (6) provide seniors with a stimulating and dynamic living environment conducive to participation and involvement in the community; and, (7) increased opportunities for seniors to be heard (Montreal, 2012). Since then, over the past six years, Montreal has tidily progressed towards becoming an Age-friendly city. However, the key thing to note here is the concept of 'progression'; as noted by Professor Meghan Joy, the theory "...if any city can really be an Age-friendly city" is up for debate (Pers. Comm. April 17th, 2018). Accordingly, and as previously mentioned, the aim of this report was dual-pronged. The report sought to answer two critical questions: first, how does Montreal's built-environment contribute to older person's isolation; and second, what must Montreal do to continue progressing towards becoming a truly Age-friendly city?

FINDINGS

HOW DOES MONTREAL'S BUILT-ENVIRONMENT CONTRIBUTE TO OLDER PERSON'S ISOLATION?

Via community outreach across Montreal and in coordination with different groups at: The New Hope Centre, The Contactivity Centre, Group Harmonie, and Concordia University; and based on the framework outlined by the WHO, this report was able to critically identify the aspects of Montreal's built-environment which contribute to older person's isolation. In turn, it was found that: (1) Road-Side Infrastructure, (2) Access-to-Transport, (3) Buildings, and (4) the Additive Effects of Winter, were the four areas of the built-environment most responsible for the social isolation of older persons.

ROAD-SIDE INFRASTRUCTURE

Within 'Road-Side Infrastructure' three key areas were found to be most at fault in contributing to social isolation. These three key areas were: sidewalks, cross-walks, and street-side parking. First, many respondents found that Montreal's sidewalks were in poor shape. When asked if Montreal's sidewalks were adequate, respondents said:

"No. There's a lot of holes and cracks you can trip on and fall."

"Here, terrible. But that can speak for many parts of Montreal. There's cracks, potholes, construction, continuous construction. Yes, the roads, detours, they're just a mess."

"No. Bumpy, and you have to go in holes. And if you are pushing this [walker] or a cart [shakes head]."

Second, connecting sidewalks, many respondents found that Montreal's cross-walks provided insufficient time to cross the street. When asked if they felt rushed at cross-walks, respondents said:

"You almost must run across the street. You are half way across and some car comes down and turns left. Not fantastic for people that are a little bit on the slow side."

"Yes. I'm so scared to cross the street. Because I walk slowly, and the cars are like looking at me, get going lady! I just go. The lights will change and cars will go around me. I think the lights should be longer. There are a lot of old people. So, that's one thing they should consider."

"Yes. Oh, lord yes. Fortunately, I've never had any bad experiences. Because, I make damn sure that I am ready, with my foot ready to move as soon as the walk sign goes, and I bust my little buns."

If people are scared to cross the street, a task which most of us do automatically, how can they be expected to seamlessly access the city's sites and services. In conjunction with poor sidewalks, Montreal's ill-timed crosswalks make accessing the world immediately outside the home a daunting task.

Lastly, street-side parking, or rather the lack of street-side parking hugely impacts older person's ability to connect with their wider environment. When asked generally about accessibility within the city, respondents said:

"One of my biggest criticisms, and I have a background in working with disability and with aging. With my parents, when they come to visit and my mother she can't walk far distances, well we can't go places in Montreal in less we drive and park her right in front of the door, which is almost impossible. And that's one of the things that came up at the consultations, there is not enough handicap parking spaces to get close to places you want to go. Connection can be thwarted by infrastructural inadequacies such as parking or access to parking."

ACCESS-TO-TRANSPORT

Access-to-Transport refers primarily to the two forms of public transit available within the city: the metro and bus systems. In each instance, each of these systems contributes to further connecting people with their wider environment. However, if certain individuals are incapable of benefiting from these services due to inefficiencies, their value in connecting is null. Accordingly, when asked how accessible they found the metro system, respondents said:

“Good. However, the trouble is, in many places there are no escalators and in a few places, there are elevators. There are some escalators, I went on that metro, just to give you an idea, the day it opened in 1966, and one of the first places was Atwater, and it still doesn’t have an escalator.”

“No. Way too much walking and stairs. There is no way. There are very few escalators and elevators.”

“Everything’s stairs. With my asthma, I have a hard time getting up the stairs, especially in Atwater.”

Likewise, when asked how accessible they found the bus system, respondents said:

“Lousy. I can’t take the bus. And, one of the reasons I don’t even try, there’s not enough education about people who are handicapped and need to sit down. So, if you get on the bus and the one seat for handicapped people is occupied. I had a horrible experience, I asked a lady to get up, because I can’t stand, and she was angry as could be. There must be more education as far as the busses go.”

“Poor. Senior specific seats are often occupied. And, often, people won’t get up, or are reluctant too.”

“Not very good. They are not always on time. I would like to see a lot more of those bus shelters. Because there are some places in Verdun, and there was a time when I was getting shots for my asthma, and I had to stand out in the cold and the rain, and I said, “is this really doing my any good.” So, it would be nice to have places where you can be out of the rain and the cold.”

In each instance above, access is a key issue; whether it be accessing the metro via stairs, escalators, and elevators or contending with ignorant bus riders for seating.



BUILDINGS

The third area of Montreal’s built-environment found to be most at fault in contributing to older person’s social isolation were the buildings themselves and structural inadequacies which made it difficult for older persons to maneuver within the spaces. When asked generally about accessibility in Montreal, respondents said:

“Montreal is not really that accessible. A lot of places you can’t get into. If you are in a wheelchair or a walker, it’s tough to get in places.”

“No. Not nearly as much as it could be. I think that public buildings, for example, at Concordia, the Loyola Campus, the Oscar Peterson Hall is a long walk if you want to use the stairs. I think that restaurants have not done enough, as far as making things accessible, entrances, washrooms – even the art museum, the accessible entrance is on the side, that means a lot more walking. Some doors are very heavy. Places like Old Montreal, I don’t go there, because I can’t park close enough to the stores. It’s nice that they have pedestrian areas, but it doesn’t work for everybody.”

“And, if you go to a restaurant or something. The washrooms are all downstairs. So, for the older people they should have an accessible washroom on the main floor.”

Montreal is an old city and many of its buildings were built for the “neutral citizen”; and as such, some of its older residents find it difficult to access certain sites and services (M. Joy, Pers. Comm. April 17th, 2018).

WINTER

The last area of Montreal's built-environment found to be at fault in contributing to older person's social isolation is an additive factor; winter. Montreal's winter climate is harsh and foreboding and compounds the already isolating effects of Montreal's built-environment. When asked if the snow and ice affects their desire to go out, respondents said:

"Oh, I fell so many times. Like now I don't go out in the winter at all. No. I don't take the chance because I fell too much. And next time it could be more serious."

"I don't go. I hate the winter. I only go out if I have to. That's why I hate the winter, I feel like a shut-in at times."

"But they put those [snow banks] here so I have to be acrobat to go in the taxi, and I'm not."

"Absolutely. Because I never know if the streets are going to be cleared and how well they've been cleared. And, there is snowbanks, if you are getting out of the car you have to go over a snowbank."

The additive power of winter is even enough to make people feel like 'prisoners' in their own homes...

"We feel like, how did she put it now 'prisoners in our own home'. It's true though, sometimes you feel like that. One of the ladies I talked to upstairs said that. Most people feel like that. They are very isolated."

Although not an actual feature of the built-environment, the winter and subsequent weather is still a consistent feature year after year. And as such, Montreal's residents must contend with the realities of winter like they would any other aspect of the built-environment.

Alas, the four most isolating aspects of Montreal's built-environment are: roadside infrastructure, access-to-transport, buildings, and the additive effects of winter. In effect, these elements of Montreal's built-environment combine to make accessing sites and services a daunting task for many aging individuals. However, change will not come simply by throwing money at issues as they arise; change will come via a holistic re-orientation of the way we approach planning. Accordingly, based on the findings of this report, the following section will outline several policy recommendations which will aid Montreal in furthering its progression towards becoming an Age-friendly city.



POLICY RECOMMENDATIONS

Montreal's older population is the most affected by social isolation. In turn, Montreal's older population serves to benefit the most from the creation or rather the progression towards becoming an Age-friendly city. And, considering that nobody is immune to aging; the benefits accrued by making Montreal Age-friendly will also benefit successive generations. Therefore, all of society, both young and old, has a stake in combatting social isolation.

Conversely, the decision makers in the Age-friendly city process are not solely those with legislative authority; society is also the decision maker. Through the realization of the long-term benefits of an Age-friendly city, Montreal's residents will conclude whether they want an Age-friendly city. The pressure for change will come from below, and that change will be affected by municipal policy-makers.

Alas, the barriers to change, to making Montreal an Age-friendly city, are municipal policy-makers. The age-friendly process does not occur overnight and thus plans for an Age-friendly city must be made with longevity in mind. These plans must be made to survive different administrations; immune to changing budgets and changing minds, being an immutable reality of its future.

Accordingly, with longevity in mind and based off both above-mentioned findings and the core tenets of the World Health Organization's guide to Age-friendly cities, three policy areas have been identified; the built environment, the social environment, and the political environment.

POLICY RECOMMENDATIONS: BUILT ENVIRONMENT

First, and as previously touched upon, there are four key areas of Montreal's built-environment which must be focused on in future policy planning: roadside infrastructure, access-to-transport, buildings, and the additive effects of winter.

Within road-side infrastructure, Montreal's sidewalks need to be better maintained (Urtnowski, 2016). Sidewalks connect older persons to social support and they connect older persons to public transportation. Therefore, if sidewalks are not properly maintained, connecting to services and society could prove hazardous for older persons.

Likewise, if older persons are being rushed at cross-walks and are scared crossing the street, this will only compound the already isolating effects of a poorly maintained built-environment. And, if street-side parking is difficult to find, accessing sites and services will further be a daunting task and will undoubtedly affect people's desires to seek out connection. Conversely, public transportation needs to prioritize the needs of older persons. As many older persons no longer drive and live on a fixed income, they are often relegated to public transportation to get to appointments and gatherings. Therefore, public transportation must be made more affordable and more accessible (elevators, seating, etc.) to older persons. This will allow older persons to more easily access social connections. Additionally, buildings, the locus of these connections, need to be Age-friendly to facilitate all physical abilities. However, given that retrofitting buildings can be a rather long & costly endeavour, it is recommended that an immediate focus be placed on planning new buildings with Age-friendly accessibility in mind; and, that retrofitting, where possible, be undertaken where financials and logistics permit. And lastly, winters in Montreal are not a new phenomenon. Cold, nasty weather is as 'Montreal' as poutine and Les Canadiens. Therefore, the city should not be caught off guard by significant snowfall or icy-conditions.

"I think the streets and the sidewalks need to be more accessible. Fixing the cracks and paving the sidewalks. More maintenance in infrastructure. So, people can get around and the taxi that provides the services can get to them and bring them out."

Thus, in response to the above, it is recommended that more attention be paid, financially and legislatively, to the maintenance of existing infrastructure and to the creation of new infrastructure tailored to all ages. In addition, existing services and systems must be accessible to all and new services and systems ought to be planned with Age-friendliness in mind.

"Put in elevators, or something to make the metro more accessible. Metro cars, you got space for the wheelchairs, I saw one person coming down in a wheelchair in Atwater, it took three people to bring him down. I said why? You can't use the metro! Never seen anybody in a wheelchair in the metro."

POLICY RECOMMENDATIONS: SOCIAL ENVIRONMENT

Second, and as previously expressed, nobody is immune to aging. Therefore, progressing

“You know, there is nothing that has been done for me as a senior, that would help me feel that I was valued, that I’m appreciated. I mean the senior population of Montreal is growing.”

towards becoming Age-friendly is a goal that ought to be shared by all, regardless of age. So, to ensure that this progression takes place, an increased emphasis must be placed on respect. If older persons are not respected as human beings, if their past contributions are

not recognized, how can their present needs be equitably addressed?

Therefore, it is recommended that the educational curriculum be amended to include a focus on the respect and value of older persons. Additionally, to garner respect and to ensure that children grow up with an appreciation for their elders it is recommended that inter-generational mentoring programs be established in local schools.

POLICY RECOMMENDATIONS: POLITICAL

Lastly, if Montreal is to progress towards becoming an Age-friendly city; if it is to tackle current issues such as sidewalk maintenance and to plan for social inclusion; the ability to do so will invariably be derived from the legislative authority of local government. However, if decisions are made and plans are laid-out without proper consultation, how can needs be appropriately addressed.

Therefore, to ensure that the needs of older persons are addressed, older persons must be included in decision making. After all, older persons have the best insight into what would improve their lives. Therefore, it is recommended that an older persons’ advocate be a permanent fixture on local councils and in municipal government. Additionally, to ensure that these advocates are primed with effective proposals it is recommended that annual forums be held throughout the city so that older community members may voice their thoughts and opinions concerning the accessibility and livability of Montreal. And lastly, to ensure that local government truly has a feel for the challenges that the aging population faces; to affect policy decisions that are grounded by lived insight; the mayor and relevant advisors ought to go out and listen to their aging population to prevent the “illusion of inclusion” from manifesting itself in local politics (Hebblethwaite, Pers. Comm. April 5th, 2018). In doing so, no voice will be left unheard in making Montreal an Age-friendly city.

POLICY RECOMMENDATIONS: SUMMARY

In sum, “what must Montreal do to continue progressing towards becoming a truly Age-Friendly City?”

Built Environment

- Create awareness to the difficulties faced by some in maneuvering throughout the built-environment
- Identify existing inadequacies
- Prioritize maintenance within operating budgets

Social Environment

- Create a culture of respect and reciprocity
- Amend educational curriculum to include focus on the respect and value of all citizens
- Install intergenerational mentoring programs in local schools

Political Environment

- An advocate ought to be installed on local councils and within municipal government
- Host annual forums throughout the city
- Mayor and relevant advisors ought to see for themselves

CONCLUSION

As population aging is set to become one of the most significant social transformations of the 21st century, Montreal is in a unique position to care for and plan for its aging population. However, to connect this population and to avoid the deleterious effects of social isolation we must act fast. Accordingly, operating within the framework of the WHO's Age-Friendly City Guide, this report found that: (1) roadside infrastructure, (2) access-to-transport, (3) buildings, and (4) the additive effects of winter, were the areas of Montreal's built-environment which contribute the most in isolating older persons.

Likewise, to progress towards becoming a truly Age-Friendly City, Montreal needs to act on three key areas: the built-environment, the social environment, and the political environment. First, within the built-environment it is recommended that more attention be paid, financially and legislatively to the maintenance of existing infrastructure and to the creation of new infrastructure. Existing services and systems must be accessible to all, and new services and systems ought to be planned with Age-friendliness in mind. Second, within the social environment it is recommended that the educational curriculum be amended to include a focus on the respect and value of older persons. And, to garner respect and to ensure that children grow up with an appreciation for their elders it is recommended that inter-generational mentoring programs be established in local schools. Lastly, within the political environment, it is recommended that an older persons' advocate be a permanent fixture on local councils and in municipal government; that annual forums be held throughout the city; and that public officials entrench themselves in discussions at the grassroots level. In doing so, no voice will be left unheard in making Montreal an Age-friendly city.

These three areas embody the holistic underpinnings of the Age-friendly initiative. In circular fashion, each area builds off the other and is largely ineffectual without the other; for, if society does not care about accessibility, policy-makers will not care either; and, if policy-makers do not care about accessibility, developers will affect change unguided and in the most cost efficient manner possible, for the "neutral citizen" ... (Joy, Pers. Comm. April 17th, 2018)

Additionally, tackling these policy areas and actualizing these recommendations is only the start of creating an Age-friendly city. The recommendations are meant to set a foundation from which to be built-off; to establish a basis for comparison; and, most importantly, to inspire a long-lasting awareness for the varying abilities of both young and old. Because after all, the change we inspire today will pay dividends for years to come.

BIBLIOGRAPHY

- Ageing in the Twenty-First Century a Celebration and a Challenge*. United Nations Population Fund, 2012.
- Alley, Dawn, et al. "Creating Elder-Friendly Communities." *Journal of Gerontological Social Work*, vol. 49, no. 1-2, 2008, pp. 1–18., doi:10.1300/j083v49n01_01.
- Eng, P. M., et al. "Social Ties and Change in Social Ties in Relation to Subsequent Total and Cause-Specific Mortality and Coronary Heart Disease Incidence in Men." *American Journal of Epidemiology*, vol. 155, no. 8, 2002, pp. 700–709., doi:10.1093/aje/155.8.700.
- "Generations in Canada." *Statistics Canada*, Government of Canada, 21 Dec. 2015, http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-311-x/98-311-x2011003_2-eng.cfm.
- Global Age-Friendly Cities: A Guide*. Report. Geneva: World Health Organization, 2007.
- Hebblethwaite, Shannon. Personal Interview. 5 April 2018.
- "Highlights: Canada." *Statistics Canada*, Government of Canada, 30 Nov. 2015, www.statcan.gc.ca/pub/91-520-x/2014001/hi-fs-eng.htm.
- Holt-Lunstad, Julianne, et al. "Social Relationships and Mortality Risk: A Meta-Analytic Review." *PLoS Medicine*, vol. 7, no. 7, 2010, doi:10.1371/journal.pmed.1000316.
- Joy, Meghan. Personal Interview. 17 April 2018.
- Keefe, Janice, et al. Final Report: A Profile of Social Isolation in Canada. Mount Saint Vincent University, Halifax, 2006, *Final Report: A Profile of Social Isolation in Canada*.
- MacCourt, Penny. "Understanding the Issue and Finding Solutions." *Social Isolation of Seniors*, vol. 1, 2012.
- National Seniors Council. *Report on the Social Isolation of Seniors 2013–2014*. Government of Canada. 2014. Accessed May 14th, 2018. http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml

Plouffe, Louise, and Alexandre Kalache. "Towards Global Age-Friendly Cities: Determining Urban Features That Promote Active Aging." *Journal of Urban Health*, vol. 87, no. 5, 2010, pp. 733–739., doi:10.1007/s11524-010-9466-0.

"The Aging of the Population: A Challenge." Edited by Gilles Rioux, *Montréal: Métropole AIME Des Aînés*, Ville De Montréal, 2012. ville.montreal.qc.ca/portal/page?_pageid=8258,90487584&_dad=portal&_schema=PORTAL.

Who's at Risk and What Can Be Done About It? National Seniors Council, Ottawa, 2017, *Who's at Risk and What Can Be Done About It?*

Wiles, David. "Who Is Old?: Defining Old Age." *Australian Journal on Ageing*, vol. 6, no. 4, 1987, pp. 24–24., doi:10.1111/j.1741-6612.1987.tb01000.x.

World Population Ageing. United Nations, New York, NY, 2015, *World Population Ageing*.

Zavaleta, Diego, et al. *Social Isolation: A Conceptual and Measurement Proposal*. 2014, *Social Isolation: A Conceptual and Measurement Proposal*, www.ophi.org.uk/wp-content/uploads/ophi-wp-67.pdf. Accessed 10 Apr. 2018.