

# GUIDE: HOW TO DEVELOP YOUR AGE-FRIENDLY COMMUNITY (AFC)

Creating an environment that allows seniors to realize their full potential and promotes active aging.



NEW BRUNSWICK  
AGE-FRIENDLY  
COMMUNITY

THE *wellness*  
MOVEMENT



COMMUNAUTÉ AMIE  
DES AÎNÉS DU  
NOUVEAU-BRUNSWICK

LE MOUVEMENT DU  
*mieux-être*



Association francophone  
des aînés du  
Nouveau-Brunswick

## Editing/Adaptation

This guide was in large part inspired by the *Guide d'accompagnement pour la réalisation de la démarche Municipalité amie des aînés*<sup>1</sup>, published in 2014 by La Direction des communications of the Ministère de la Santé et des Services sociaux du Gouvernement du Québec, which is available in its entirety at: [www.mfa.gouv.qc.ca/aines/](http://www.mfa.gouv.qc.ca/aines/). The Global Guide: Age Friendly Cities by the World Health Organization also contributed to the development of the New Brunswick model.

This document was originally adapted by the team at the Association francophone des aînés du N.-B., which is the agency responsible for developing a Francophone Age-Friendly Communities approach in New Brunswick. They have collaborated with the Wellness Branch of the Department of Social Development to make it more representative of the New Brunswick context.

We want to sincerely thank the following institutions and agencies that allowed us to use and adapt the information and tools included in the Quebec Guide, in particular:

The research team VADA-Québec at the Centre de recherche sur le vieillissement du Centre de santé et des services sociaux – Institut universitaire de gériatrie de Sherbrooke;

Le Carrefour action municipale et famille du Québec;

Le Secrétariat aux aînés du Gouvernement du Québec;

Le Ministère de la Santé et des Services sociaux du Québec;

Le Ministère de la Famille du Québec;

Les Publications du Québec du Gouvernement du Québec.



We also want to thank the Government of New Brunswick and the New Brunswick Health Council for authorizing the integration of statistics and data that are relevant to the New Brunswick context within this Guide. The references for the documents and data are found in the References (page 35).

### **Edition**

L'Association francophone des aînés du N.-B.

This Guide, edited electronic version (PDF) only, may be found at [www.wellnessnb.ca](http://www.wellnessnb.ca) as well as at [www.afanb.org](http://www.afanb.org).

### **Editor's Notes**

The term community must be taken in its broadest sense and may designate a municipality, a local service district, or a community of interest.

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## FOREWORD

### **Creating environments that support seniors to live healthy, active and safe lives and participate fully as valued members within their communities.**

Across Canada and internationally, strategies for supporting the development of “Age-Friendly Communities” (AFC) have been put in place. This global movement, initiated by the World Health Organization (WHO) in the 2000s, aims to meet the demands of the accelerated aging of the world population and encourages communities to promote the active participation of their seniors and to achieve the vision of a society for all ages.

Supporting municipalities and communities to be age-friendly is one of the most effective policy approaches to address issues related to the aging demographic trend. It has additional benefits in improving infrastructure, promoting social inclusion, providing enhanced communication and education opportunities, and promoting community health and active living. An age-friendly community approach allows communities to recognize seniors’ value to society and helps to dispel the unfair myths about senior citizens being a burden to society.

Most Canadian jurisdictions have initiated age-friendly strategies to some extent. New Brunswick is one of the last to do so; however, since 2012, the *Association francophone des aînés du Nouveau-Brunswick* (AFANB) has been supporting the implementation of a Francophone Age-Friendly Communities approach. They have been a driving force behind New Brunswick moving forward to encourage municipalities and communities to become age-friendly. The Home First Strategy identifies Age-Friendly Communities as an important component, and the recent development of the Collaborative for Healthy Aging and Care also supports age-friendly communities.



We have learned from these collective efforts and the work of others. We are committed to supporting municipalities and communities throughout New Brunswick as they engage in an age-friendly approach. Support can take many forms, such as providing planning guides, hosting knowledge exchange forums, workshops, and other forms of information exchange. This resource will help you on your path!

New Brunswick is beginning to experience the effects and challenges associated with population aging. This growing societal awareness represents an opportunity for all generations to embrace the aging process as a celebration of lives well lived. As society works together to address our economic, technological, demographic and social challenges, it can enhance life in New Brunswick by recognizing the knowledge and deep community connections of older adults. That can be done, for example, through the development of **age-friendly communities** and an integrated continuum of care that values independence, collaboration and community connections. This is fundamental to improving quality of life and ensuring sustainability of services into the future.

Excerpt adapted from the Premier's Panel on Seniors December 2012



# INTRODUCTION

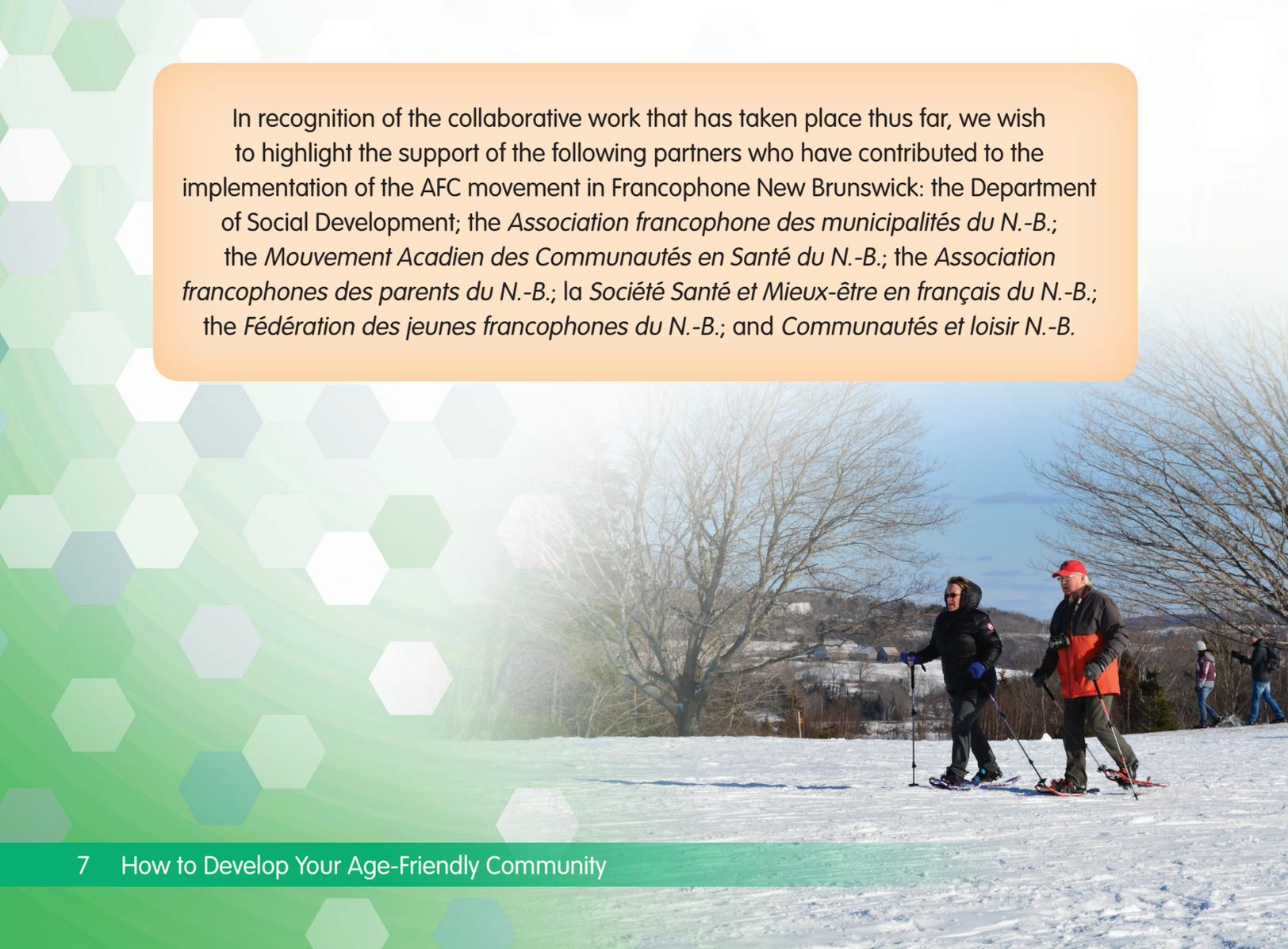
## About the Guide: How to Develop Your Age-Friendly Community (AFC)

This Guide aims to provide New Brunswick municipalities and communities with clear information and practical tools that enable them to undertake the approach and implement an AFC initiative. It provides direction regarding the broad principles and parameters recommended by the WHO, but within a New Brunswick context. The intent is to encourage the AFC movement to take root in all New Brunswick communities.

The Guide will be a useful tool for anyone who undertakes an AFC initiative, be they elected representatives or project managers, people involved in public administration, the community sector, or anyone else who is interested in this approach.

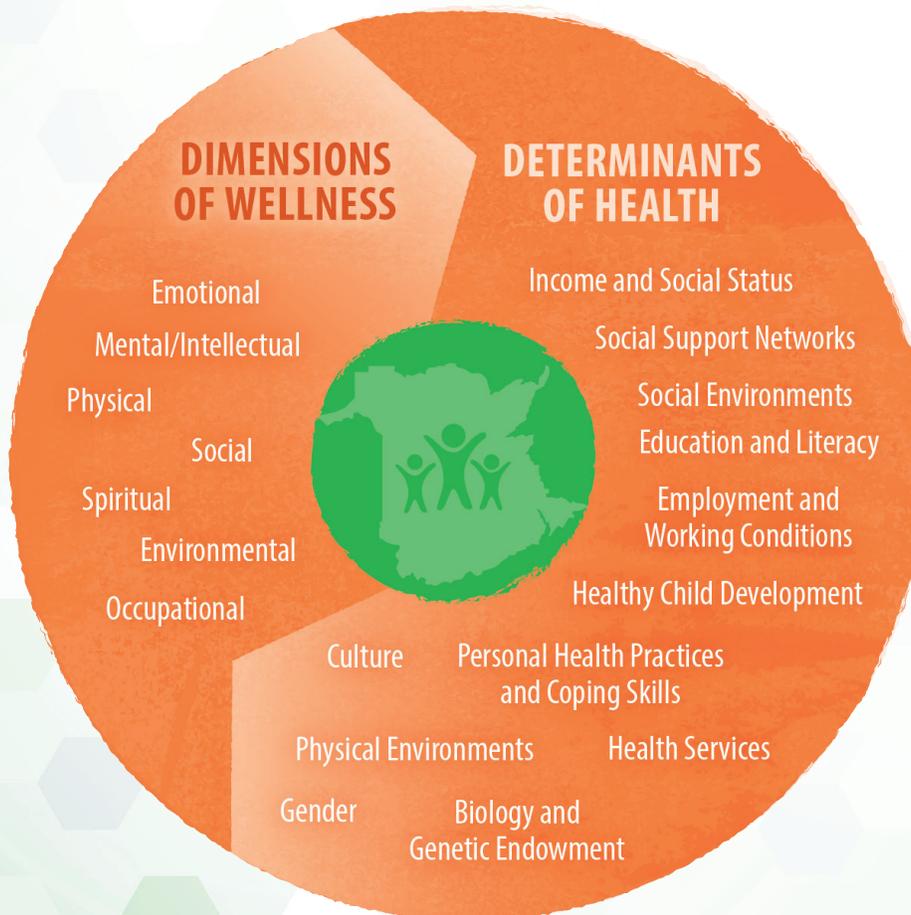
Several guides and tools have been developed by other organizations or institutions in Canada and abroad – they were used as references in preparing this Guide and its appendices. They are listed in the References (page 35).

In recognition of the collaborative work that has taken place thus far, we wish to highlight the support of the following partners who have contributed to the implementation of the AFC movement in Francophone New Brunswick: the Department of Social Development; the *Association francophone des municipalités du N.-B.*; the *Mouvement Acadien des Communautés en Santé du N.-B.*; the *Association francophones des parents du N.-B.*; la *Société Santé et Mieux-être en français du N.-B.*; the *Fédération des jeunes francophones du N.-B.*; and *Communautés et loisir N.-B.*



# NEW BRUNSWICK'S WELLNESS STRATEGY

*A healthy New Brunswick where, together, we learn, work, play and live in a culture of wellness.* The “we” in this statement includes every New Brunswicker and growing older in age-friendly communities is part of the vision. New Brunswick’s Wellness Strategy provides a framework that enables everyone - communities, schools, workplaces, organizations, families, and individuals - to see how they can contribute to improving wellness and how they benefit from enhanced wellness in our province.



The Strategy facilitates collective and strategic action on wellness. It recognizes and enables a wide range of actions, building on the participation of people and organizations and capitalizing on their shared strengths and assets. The examples are endless, and include efforts related to healthy aging, housing, food security, literacy, accessibility and social inclusion, public health and mental health, recreational experiences, and security. A key element of this Strategy involves taking action on the determinants of health (see framework on next page). These determinants of health are recognized by the WHO and the Public Health Agency of Canada. New Brunswick's Wellness Strategy can be found at:

<http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/Wellness-MieuxEtre/NewBrunswickWellnessStrategy2014-2021.pdf>

Municipalities and communities engaging in the AFC approach are ideal contributors to New Brunswick's Wellness Strategy. They are directly and indirectly pursuing the two main goals of the Strategy, which are:

- **To increase the number of New Brunswickers with capacity to support healthy development and wellness**
- **To increase the number of settings that have conditions to support wellness**

Addressing the factors that influence health and wellness serves to strengthen communities and benefit society. Good health is important to every individual, family and community. It is essential to economic and social development. When we are healthy and well, our quality of life is enriched. When New Brunswick is well, we will have the foundation necessary to create a strong and prosperous province that is successful, now and for generations to come.



## VISION:

A HEALTHY NEW BRUNSWICK WHERE, TOGETHER, WE LEARN, WORK, PLAY AND LIVE IN A CULTURE OF WELLNESS.

## WHAT IS WELLNESS?

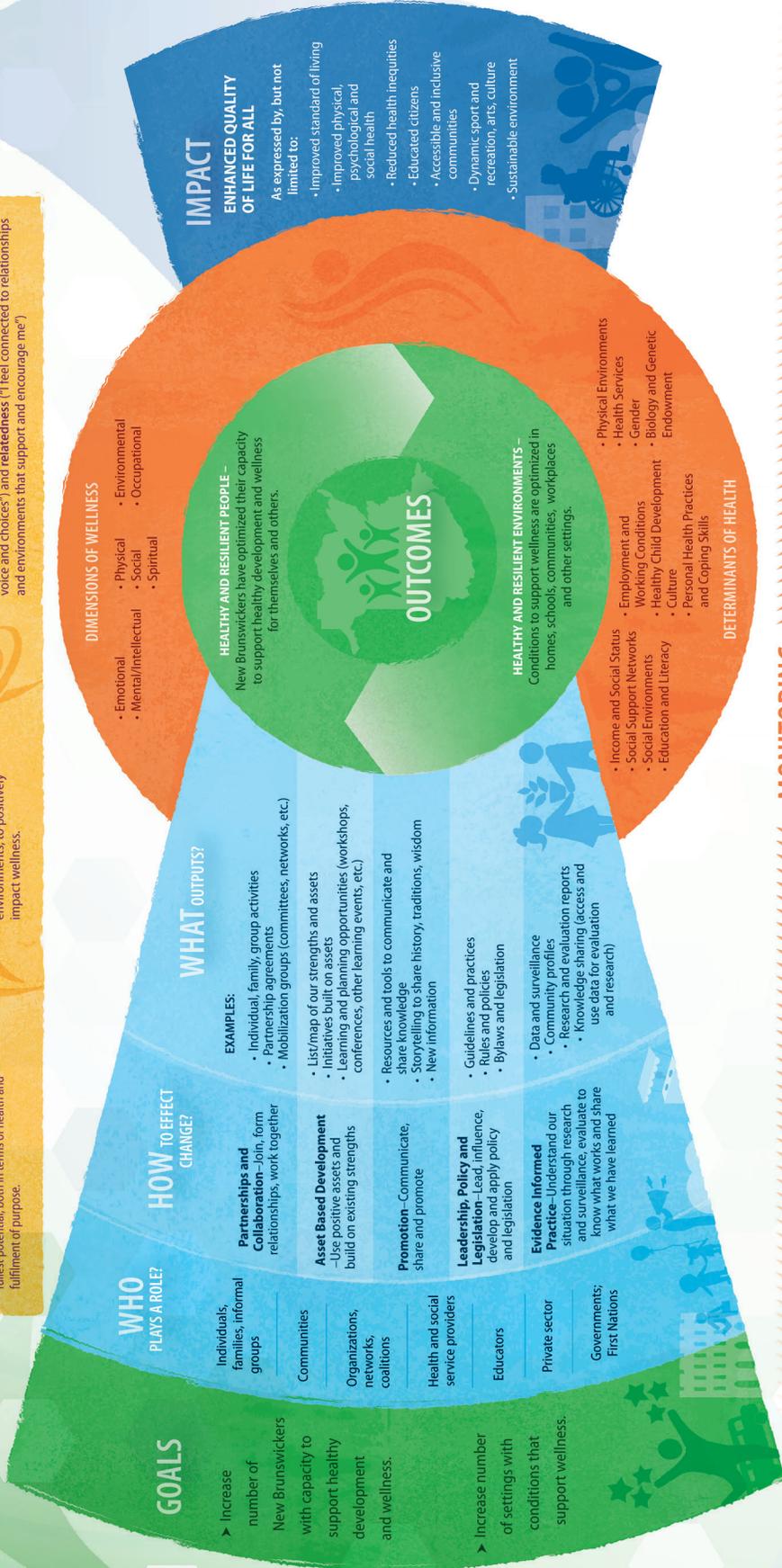
Wellness is the optimal state of health and well-being of individuals and groups. It is the ability of people and communities to reach their fullest potential, both in terms of health and fulfillment of purpose.

## CONTEXT:

As New Brunswickers, we are recognizing our capacity and assets, within ourselves and our environments, to positively impact wellness.

## GUIDING PRINCIPLES:

- Using a *Comprehensive Approach*
- Focusing on *Inclusiveness and Equity*
- Building on psychological needs of competence ("I feel capable and I contribute with my skills and knowledge"), autonomy ("I feel I have a voice and choices") and relatedness ("I feel connected to relationships and environments that support and encourage me")



## MONITORING

## HISTORY OF THE AFC MOVEMENT IN FRANCOPHONE NEW BRUNSWICK

Since the AFANB started their AFC initiative in 2012, with the support of the provincial government, 13 Francophone communities have already committed to the AFC approach. Each of these communities has established dozens of initiatives that have improved the quality of life for seniors while improving the living environment for their entire populations.

The collaborative work that has taken place thus far in implementing the AFC movement in Francophone New Brunswick has provided the momentum and tools to move forward with a provincial approach. These tools have now been adapted to support communities across the province in developing their own AFC initiatives.

The longstanding partnership between AFANB and the provincial government for the AFC movement has contributed to initiatives being put in place that have allowed seniors to stay at home as long as possible. This partnership dovetails perfectly with the main principles of the **Home First** Strategy put forward by the provincial government.

### HOME FIRST

*Home First* is a three-year strategy that will help seniors in New Brunswick maintain their independence and remain in their homes and communities for as long as possible. It is built around three pillars:

- 1. Healthy Aging**
- 2. Appropriate Supports and Care**
- 3. Responsive, Integrated and Sustainable System**

The vision of the *Home First* strategy is: *“Healthy aging enabled by appropriate supports and care within a responsive, integrated and sustainable system.”*

More information about *Home First* can be found at:

[www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/HomeFirst.pdf](http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/HomeFirst.pdf)



## THE AGING OF THE POPULATION: A MAJOR TREND AND AN EXCITING OPPORTUNITY!

The Canadian population is aging. This trend is expected to continue for several decades, in part due to the aging of the baby-boom generation. In 2011, Statistics Canada estimated that there were five million Canadians aged 65 and older. This figure is expected to double over the next 25 years to reach 10.4 million seniors by 2036. By 2051, approximately one Canadian in four will be 65 or older.

**In New Brunswick, 19% of the population was 65 or older in 2015; this statistic will likely increase to 29.4% by 2036.**

Seniors have vital roles as community members, contributing to the social and economic vitality of our communities through roles such as family members, leaders, citizens, mentors, volunteers and caregivers.

Communities are directly affected by the aging of the population. For this reason, municipalities and communities must find new ways to adapt to this trend. They must respond by designing policies, providing services and infrastructure, and taking action in areas such as housing, health, recreation, social participation, development, and transportation.

Rural and remote communities will face unique social and environmental challenges, which are different from urban populations. These challenges can have an impact on health and healthy aging. Seniors who wish to “age in place” in rural communities can face barriers because:

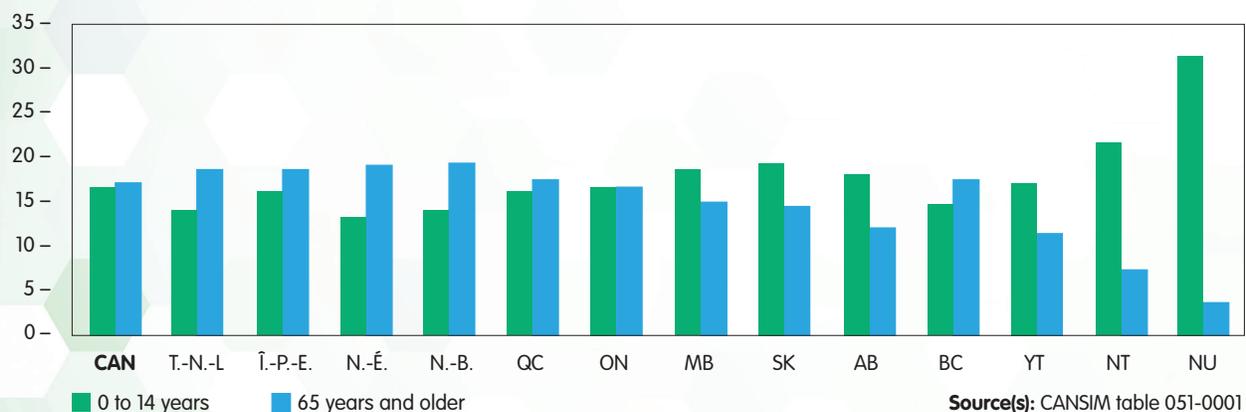
- it is difficult for the senior to maintain their home
- there is a loss of a spouse, or
- there is a deteriorating health condition.

However, it is possible to address these challenges by examining how we approach aging in rural and remote communities and developing a range of resources and appropriate services.

“The world is rapidly ageing: the number of people aged 60 and over as a proportion of the global population will double from 11% in 2006 to 22% by 2050. By then, there will be more older people than children (aged 0–14 years) in the population for the first time in human history<sup>1</sup>. Developing countries are ageing at a much faster rate than developed countries: within five decades, just over 80% of the world’s older people will be living in developing countries compared with 60% in 2005.”

Source: World Health Organization,  
*Global Age-Friendly Cities: A Guide*, 2007

### Statistics Canada Table - Proportion of the population aged 0 to 14 years and 65 years and older, July 1, 2015, Canada, provinces and territories, %



Source: [www.statcan.gc.ca/daily-quotidien/150929/dq150929b-eng.htm](http://www.statcan.gc.ca/daily-quotidien/150929/dq150929b-eng.htm)

## SENIORS: A DIVERSE GROUP

By adopting an age-friendly approach, it is possible to keep seniors in their own homes for as long as possible. The approach supports the development of a range of resources and services which will address the aging population’s needs.

According to *My Community at a Glance* (New Brunswick Health Council, 2014), the vast majority of seniors in New Brunswick - 94% - live at home, and 89% of these seniors say they are satisfied or very satisfied with their life. Some may rely on the presence of their spouse or their children, while others - 24% - live alone. 79% of seniors are proud to belong to their communities.

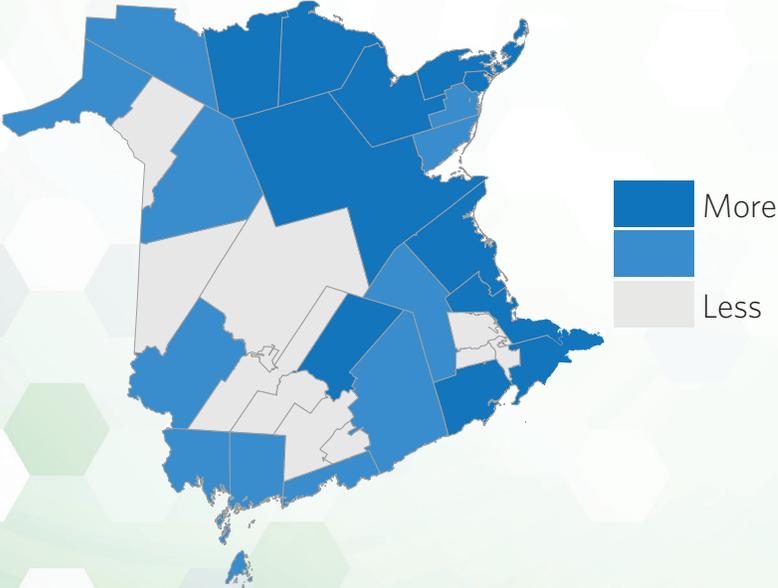
The NB Health Council indicates that 13% of seniors say they have physical or emotional conditions that prevent them from doing certain activities. To enable healthy aging, some seniors need a caregiver or home care services to allow them to remain in their homes. Among those who receive home care support, 62% also benefit from the services of a caregiver.

Some seniors have an income enabling them to take full advantage of the activities available to them, while others - 20% of those 65 and older - are living with low incomes. A proportion of seniors also live with low literacy rates, making it difficult for them to understand information given to them about their medications or their health. For example, 10% have verbal difficulties and 36% have difficulty reading the information.

It is clear that seniors make up a diverse group. It is therefore important to consider both individual and community characteristics to be able to adapt services and infrastructure to the realities and living conditions of all seniors.

**AGING POPULATION** 

**SENIORS** 65 years and over (2011) %



NOTE: Refer to *My Community at a Glance* (<http://www.nbhc.ca/community-profiles#.VridM3n2a70>) published by the New Brunswick Health Council for additional information.

## THE CONCEPT

### What Is an Age-Friendly Community (AFC)?

An AFC is, first and foremost, a municipality, administrative region, or a community of interest that supports the values associated with active aging. Aging while remaining active is a process consistent with optimizing the possibilities of good **health, participation, and security** in order to enhance the quality of life as one gets older. WHO Active Ageing: A Policy Framework<sup>2</sup>: [http://apps.who.int/iris/bitstream/10665/67215/1/WHO\\_NMH\\_NPH\\_02.8.pdf](http://apps.who.int/iris/bitstream/10665/67215/1/WHO_NMH_NPH_02.8.pdf)

#### HEALTH

People live better and longer when they are in good health. They have more independence and wellness, and less reliance on health care and social services. Society must respond to people's needs by developing appropriate, affordable, and accessible health and social services.

#### PARTICIPATION

The participation of seniors is visible in all spheres of society: social, cultural, spiritual, and economic. Participation in society is seeing seniors as being included in your environment. Seniors will therefore continue to contribute to activities that are meaningful for them and meaningful for society.

#### SECURITY

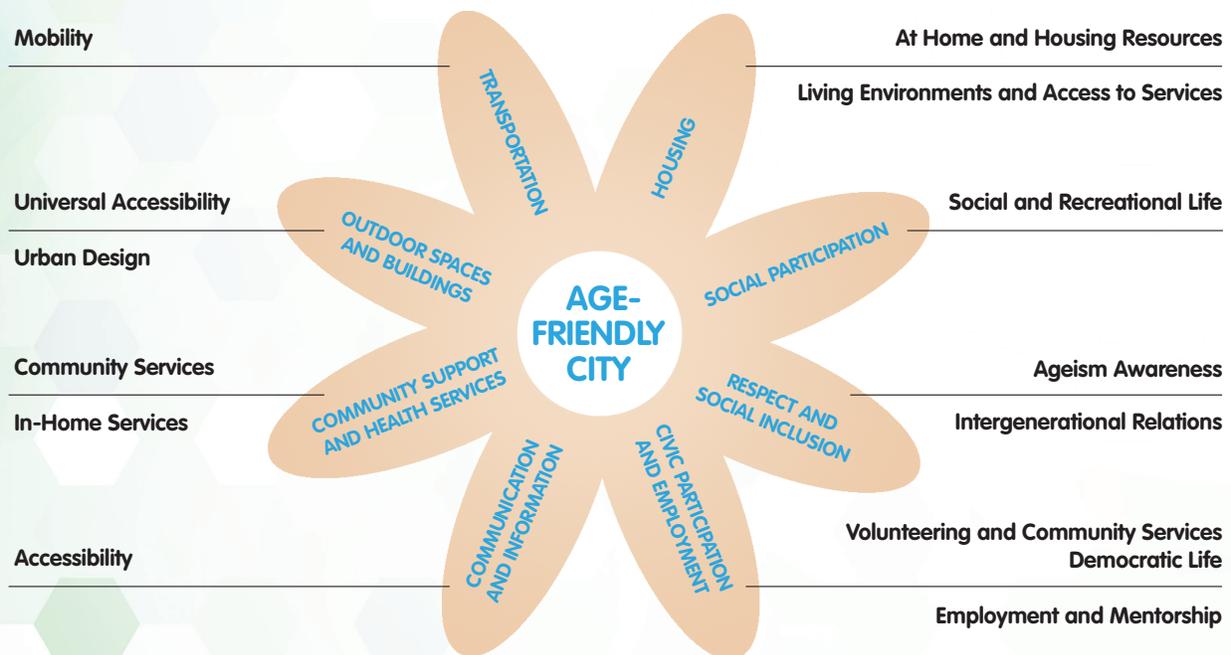
Security (social, financial, and physical) is the primary condition for people to live in dignity. Society must help and support seniors who are no longer able to protect themselves.

In concrete terms, an Age-Friendly Community (AFC) pursues the following general objectives:

- Combatting ageism
- Adapting policies, services, and structures in terms of the senior population
- Acting in a comprehensive and integrated manner
- Promoting the participation of seniors
- Relying on collaborative partnerships and the mobilization of the whole community

In an AFC, a culture of social inclusion develops, regardless of the age or capacities of those involved. Policies, services, and structures that affect the physical (infrastructure) and social environments (networks, groups of interest, etc.) are designed to support seniors and help them to age actively.

## Areas for Action (as proposed by the World Health Organization)



## HOUSING

Housing is an essential condition for the independence and well-being of seniors. Autonomy and quality of life of older people depend on the balance between their home and access to local services such as help with housework, gardening, and home repairs<sup>3</sup>.

### At Home and Housing Resources

Seniors must have a place where they feel at home and safe. That feeling is built through interaction with others (families, friends, neighbours, etc.) and by having a safe physical environment.

The AFC approach makes it possible to promote projects that improve seniors' housing and home life.

## Living Environments and Access to Services

The living environment has a great influence on how people age<sup>4</sup>. Finding the services and supports that meet everyday needs in their immediate environment makes it easier for people to stay at home longer. The availability, choice and cost of housing is important; communities should offer a range of independent and assisted housing options. Municipal authorities must also ensure the safety of residents through adequate plans and emergency measures that allow people to maintain or put in place services that enable them to deal with unforeseen situations such as fires, earthquakes, floods, tropical storms, extreme winter conditions, etc.

The AFC approach encourages the maintenance and development of community services. The ability to live independently in one's home depends on a range of factors including good health, finances, and availability of support services (such as medical and personal care).

## TRANSPORTATION

Transportation is a fundamental need associated with people's autonomy and quality of life<sup>5</sup>. Access to and the affordable cost of transportation are major issues for seniors. Seniors, including those with mobility issues and disabilities, must be able to get around in their living environment in an appropriate and safe manner.

### Mobility

In New Brunswick, very few municipalities offer public transit services to their citizens (busses, taxis, transportation for those with disabilities, etc.). There is therefore a lot to do in that regard in order to ensure public mobility so seniors can participate in social, cultural, volunteer and recreational activities as well as carry out daily tasks such as shopping, going to appointments and work.

The AFC approach makes it possible to increase the mobility of seniors through the adaptation of existing services, the establishment of new services, and coordination among partners in the community.

## RESPECT AND SOCIAL INCLUSION

Social inclusion, respect and feeling connected are determinants of the health and well-being for seniors<sup>3</sup>. Active aging views inclusion as an important element in the engagement and social, civic, and economic participation of seniors.

### Ageism Awareness

Ageism leads to exclusion and discrimination based on a person's age. It is subtly woven into the daily lives of seniors.

The AFC approach makes it possible to fight ageism by making the public aware of support for seniors in the community.

### Intergenerational Relations

Links between the generations go beyond family relationships. Thus, intergenerational relations serve to strengthen people's feeling of belonging.

## SOCIAL PARTICIPATION

Participation in social life is a basic need for people, particularly seniors. Participating in family, community, cultural, economic, and political life makes it possible to maintain ties, give meaning to life and promote feelings of belonging.

The AFC approach makes it possible to support activities that bring people of all ages together and promote the establishment of intergenerational meeting places or opportunities to prevent social isolation.

### Social and Recreational life

Participation in social and recreational life provides the chance to interact with others and establish ties with the community. For seniors, engaging in social and recreational life begins with well-publicized, accessible, and affordable social activities.

The AFC approach makes it possible to design socio-cultural activities for seniors and to support seniors' associations and community organizations specializing in recreation.

## CIVIC PARTICIPATION AND EMPLOYMENT OPPORTUNITIES

The contribution of seniors is essential to society. Being socially, politically, and economically engaged is a health determinant for seniors<sup>3</sup>. They must have opportunities to use their skills, knowledge and time to contribute to society, whether it is through volunteering, civic participation, employment, or any other form of engagement.

### Volunteering and Community Service

The contribution of seniors in volunteer work and community service is very significant<sup>6</sup>. Through volunteering, people give of themselves (time, services, etc.) to contribute to family and community life. Moreover, community service creates strong social ties and fosters a feeling of belonging.

The AFC approach makes it possible to develop and maintain the volunteer work and community service of seniors.

### Democratic Life

Civic engagement helps to build strong and vibrant communities<sup>7</sup>. The desire of seniors to participate in the civic functions of the municipality is often underestimated.

The AFC approach makes it possible to develop citizen and political engagement opportunities for seniors, enabling them to have an active voice on community boards or councils.

## Employment and Mentorship

Employment is at the heart of people's lives. Of course, it provides an income, but it is also a source of validation of personal skills. Recognizing the particular skills of working seniors is essential in order for them to feel included in society.

The AFC approach makes it possible to educate people concerning the contribution of seniors and to help achieve mentorship initiatives between the generations.

## OUTDOOR SPACES AND BUILDINGS

Built environments play an important role in the health, participation, security and safety of seniors. Outdoor spaces as well as adapted and accessible public buildings support social participation, enabling seniors to conduct their daily activities and contribute to the community.

### Urban Design

Green and maintained spaces, rest areas, safe public spaces, and pedestrian-friendly streets and walkways are all essential in order for residents to enjoy their living environment. Natural spaces and places should maximize opportunities for healthy, active living and connections to nature, e.g., parks, trails, waterways, and community gardens.

The AFC approach makes it possible to provide maintained, safe, and adapted environments for seniors.

### Universal Accessibility

Universal accessibility is designed to enhance the social inclusion of all people, regardless of their age, their physical/mental well-being, or their economic situation. Improving access to businesses and public buildings allows seniors to enhance their independence, fosters social interaction and enables them to address their individual daily needs.

The AFC approach makes it possible to develop and improve infrastructures and services so that everyone has easy access.

## COMMUNITY SUPPORT AND HEALTH SERVICES

Health services and community support are indispensable for the health and independence of seniors<sup>3</sup>. Offering appropriate services to seniors requires cooperation between the various players in the environment such as social services, health, housing, the municipal sector, and community organizations.

### In-Home Services

In-home services include personal and professional care, housekeeping services, among others. The availability of support services and their accessibility are crucial to help seniors remain in their homes as long as possible.

The AFC approach makes it possible to work in collaboration and coordinate in-home services among local partners.

### Community Services

Community organizations offer a wide range of services to the public. They provide seniors with social, home or professional services, as well as places to socialize and participate.

The AFC approach makes it possible to develop and support local community organizations.



## COMMUNICATION AND INFORMATION

Communication is a fundamental operation between people. It is linked to inclusion and social participation. The health and well-being of seniors are related to the distribution and accessibility of information.

### Accessibility

Information is circulated to reach older people close to their homes and where they conduct their usual activities of daily life. Regular and reliable distribution of information is assured by government, municipalities, communities and volunteer organizations.

The AFC approach makes it possible to recognize the particular needs of seniors when distributing information, and to ensure this information is shared with community partners.

### A KEY OUTCOME OF TAKING ACTION IN THESE AREAS IS RESILIENCE

**RESILIENCE** - Age-friendly communities encourage resilience by recognizing the needs of an aging population and by adopting strategies that capitalize on people's strengths and their ability to overcome challenges. Developing resilience among seniors increases their feeling of belonging, encourages their autonomy and engagement, and recognizes the contributions of the various cultural communities to the community and the province.

As the community becomes more age-friendly, it seeks to achieve results that maximize resilience, social cohesion, autonomy, relevance, and the aspirations of people of all ages, taking into account the various contexts that are found in communities.

## THE APPROACH

*The process of the AFC approach includes the following six steps:*

### Step 1 – ENGAGEMENT

Whether the initiative is put forward by a municipal council, a local service district, or proposed by a lead organization for the community, the first step is to officially commit the municipality or the organization to the AFC approach. This involves having a relevant resolution passed by the municipality or by the group wishing to carry out the initiative on behalf of their community.

The resolution is an official commitment that confirms the leadership of the community and demonstrates their commitment throughout the entire process. In fact, it is the municipal council or its equivalent that confirms the various steps of the approach, from the start-up to the follow-up on the implementation, through the adoption of strategic documents related to the approach, such as a seniors' policy or an action plan.

Leadership, policy, and legislation create conditions for healthier physical, psychosocial and economic environments.

New Brunswick's Wellness Strategy



## Step 2A – ESTABLISHING A STEERING COMMITTEE

Once a resolution has been passed by the municipal council or the lead organization, the decision-makers should form a steering committee for the implementation of the AFC approach. In addition to confirming the members, the municipal council or lead organization also sets out the committee's mandate.

### Composition of the Steering Committee

The Steering Committee is a group of stakeholders of all ages, including seniors, from various spheres (political, public, private or community) who work together toward a common goal: *helping seniors to live safe, healthy lives and participate fully in society*. The Steering Committee is a forum for consultation, collaboration, and decision-making among the members who want to achieve common goals based on a community assessment and a consensus on an action plan.

A diverse range of stakeholders is required for the success of the AFC approach, as it allows for effective networking in the community. The challenge is to bring together key players (5 to 10) who care about seniors, but without increasing the number of members who could well impede the Committee's efficiency. Ideally, it is recommended to have significant representation of seniors and an elected municipal official on the Committee.



Partnerships and collaboration help identify community opportunities, leverage resources and talents to support action, and initiate change to achieve common goals.

New Brunswick's Wellness Strategy

## Committee Mandate

The Steering Committee is mandated by the municipal council or the lead organization to implement the AFC initiative. Inspired by this Guide, the mandate clarifies the roles of the Committee, which usually includes the implementation of the action plan that will result from the approach. Generally, the Steering Committee includes an administrative official delegated by the municipality or the lead organization who supports the Committee's work, but it is preferable that the permanent link between the municipal council/lead organization and the Steering Committee is an elected official.

## Step 2B – SECURING SUPPORT FOR THE AFC INITIATIVES

There are several regional, provincial and not-for-profit organizations that are available to help assist municipalities and communities with the establishment of their AFC initiatives. They have experience in asset-based community development, which uses the strengths and skills of citizens to create meaningful change, build stronger communities and establish sustainable initiatives. This may include the Association francophone des aînés du Nouveau-Brunswick, Community Inclusion Network Coordinators, Community Developers from the Regional Health Authorities, Regional Wellness Consultants, or the Regional Consultants from the Sport and Recreation Branch. For ideas on information to share when seeking support from any of these potential support organizations, please refer to Appendix A.

Engage and mobilize partners to draw on their existing strengths and assets to improve capacity, set priorities, make decisions, help plan strategies, and implement programs which will lead to sustainable environmental change.

New Brunswick's Wellness Strategy



### Step 3 – CONDUCTING AN AGE-FRIENDLY ASSESSMENT

The first job of the Steering Committee is to conduct an age-friendly assessment of the community, which includes the following elements:

- a) a **profile of the citizens** (or statistical profile of the community segmented according to various criteria – gender, age, language, marital status, type of housing, income, etc.);
- b) an identification of the community's strengths and assets, which includes an **inventory of infrastructure, services, programs, and activities offered to and by seniors** in the community;
- c) an **identification of issues and opportunities** based on the perspectives and priorities of the senior population; and
- d) a **summary of the assessment** makes it possible to reach a consensus on the main strengths and weaknesses of the community in relation to the well-being of seniors.

#### Profile of the Citizens

The data collected is used to draw a picture (geographical, social and economic) of the community to better understand the problems and challenges in the community.

To draw a good statistical picture, there are many sources to which one can refer. The New Brunswick Health Council's *My Community at a Glance* provides an objective profile of many communities. It is a tool which can be used to provide opportunities for reaching a shared understanding of the issues, and identify gaps that could be addressed through other mechanisms including follow-up surveys, focus groups, community forums, or discussion groups. Data may also be available from the municipality, the local service district, or the lead organization.

It is important to choose the statistics and data that will provide the best understanding of the community's situation. A good community profile not only contains a list of data, but also includes an interpretation of the data. A good assessment ensures that the Steering Committee members are aware of the reality of the situation and address the important issues.

#### Inventory of Local Services and Resources (Community Strengths and Assets)

Capitalizing and focusing on the strengths and resources in your community helps to strengthen local capacity to create positive change. It is essential to create a common understanding of the services and resources, programs, infrastructure, and policies that contribute to the well-being of seniors. This step provides an opportunity for members of the Steering Committee to build on what is already in place while making sure to avoid any

duplication of current and future actions.

To prepare an inventory of community services and resources, it is important to consider sectors where the municipality/local service district/lead organization can take action. Consideration must also be given to sectors that are not under its jurisdiction, such as health services, businesses and financial institutions, as well as any other local services that improve the quality of seniors' lives.

To help with this step, a sample [Service Grid](#) is available in Appendix D.

Asset mapping ensures that efforts are coordinated and build on existing partnerships and positive initiatives already underway, such as Wellness Networks or Community Inclusion Networks.

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### Identification of Issues and Opportunities

Since seniors are at the core of the AFC approach, it is important to have an accurate understanding of their issues and strengths, as well as opportunities and potential solutions. It is therefore appropriate at this stage in the process to more widely consult with citizens, particularly seniors, to ensure that older people's circumstances and perspectives are well understood.

A consultative process which brings together individuals, organizations, institutions, and other partners in a learning and planning process are opportunities to be seized. These consultations are opportunities to identify and take advantage of the community's wealth and untapped resources, to promote individual and collective engagement, and to build the pride of belonging within the community.

Here are a few methods for carrying out community consultations in an effective manner:

**Focus groups:** Typically have eight to twelve people who have come together to discuss specific subjects under the direction of a moderator<sup>8</sup>. Focus group participants are selected because they share common concerns. Particular care should be taken to choose a range of people so as to correspond, to the extent possible, with the reality of the community.

**Community forum:** Provides an opportunity to collect information from a wide range of people at an open meeting. Seniors in the community, as well as partners dedicated to their well-being, are invited to give their input at a forum<sup>9,10</sup>. If the premises or the group lends itself to it, the forum may also include workshops in smaller groups to allow a greater number of people

to give their views. Exchanges in the workshops can be noted by a workshop secretary and submitted to the Steering Committee, which can later draw relevant information in the context of the various stages of the approach.

Note that an individual questionnaire is another method sometimes used in the evaluation of needs, but it is generally more expensive than the other forms of consultation.

Whatever method is used to assess needs, it is essential to ensure that the most vulnerable people participate or are represented during the consultations, regardless of their economic or socio-cultural status. The recruitment of participants can be facilitated by approaching community organizations that work with seniors or other agencies, groups, and places in the community that seniors frequent (cultural centers, recreation centers, sports associations, etc.).

### **Summary of the Assessment**

The summary of the information collected shows the real needs of seniors, the strengths and opportunities to build on (as identified by seniors and the community), and the weaknesses to be improved in order to make the community as adapted as possible to the aging population and to seniors.

Using this summary, the Steering Committee members take note of the results for the first three components (statistics, community resources and services, and seniors' needs). Based on those results and their reading of the community, they will reach a consensus on the community's main strengths, weaknesses, needs, and suggestions that will lay the foundation for the next step, i.e., developing the action plan.

For more details on the summary of the assessment, see the Guide of the World Health Organization, which contains examples and relevant tools: [Guide of Global Friendly Cities](#).

The use of local, relevant data and evidence helps to engage the community and inform planning initiatives.

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## Step 4 – DEVELOPING THE ACTION PLAN

The action plan is a tool that includes the objectives and concrete actions to be taken, in the short, medium, or long term, to ensure the implementation of measures, programs, and services that will make the community better adapted to the needs and interests of seniors. The action plan provides a concrete response to the observations made during the assessment (step 3) and leads the Steering Committee when it comes to recommending specific and realistic actions<sup>11</sup> in terms of the priorities that emerged from the assessment. Ideally, the action plan should be developed over a maximum period of 36 months, establishing the priorities to be addressed in the short, medium, and long term.

### Establishment of Priorities

Communities have to deal with resources that are sometimes limited and still be able to respond to the many findings and needs expressed by seniors. It is therefore essential for the Steering Committee to reach a consensus on the priorities.

To achieve this task, the Steering Committee must first agree on a number of criteria to be considered (e.g., emergency action, community context, etc.). [The prioritization grid](#) (see sample in Appendix E) will allow you to do that exercise. Then, each of the findings that emerged in the assessment step is analyzed in terms of the priorities. The outcome of this exercise should lead to the identification of priority issues<sup>12</sup>.

### Preparing the Action Plan

The action plan is a tool that includes the objectives and concrete actions to be taken in the short, medium, and long term to ensure the implementation of the measures, programs, and services that will make the community better adapted to the needs and interests of seniors.

Firstly, Steering Committee members and the partners that will be involved in implementing the action plan must formulate objectives that meet the following four criteria:

- **specific** – clearly specifies the expected outcome;
- **observable** – identifies data the Steering Committee can observe;
- **realistic** – respects the availability of the resources;
- **coherent** – responds to a real issue identified by the community.

Secondly, for each objective, concrete actions must be defined in accordance with certain basic rules:

- use clear, precise wording to describe the action;
- designate a person to be in charge and identify the partners that will be involved in implementing the action;

- identify available resources (human, financial, material and informational);
- establish a timeline (the actions should be implemented over a maximum period of at least 36 months);
- define the expected outcomes (indicators of success) to ensure the success of the action plan is monitored.

Appendix F contains a [Sample Action Plan](#).

Carefully select the expected outcome indicators related to the actions to be taken. These must be observable and capable of being measured (in quantity or quality) when it comes to the achievement of specific actions. The success of any AFC initiative will be assessed using these indicators, which are also factors considered in the self-assessment process. *Age-Friendly Communities Evaluation Guide: Using Indicators to Measure Progress* (Public Health Agency of Canada) is an excellent resource to support this process:

[www.phac-aspc.gc.ca/seniors-aines/indicators-indicateurs-eng.php](http://www.phac-aspc.gc.ca/seniors-aines/indicators-indicateurs-eng.php)

### The Formal Filing with Decision-Making Bodies

Once the action plan is completed, the Steering Committee presents it to the municipal council or the lead organization. Note that any decision to proceed with the implementation of the action plan, in part or in full, is based on the availability of resources within the community. For this reason, the adoption of the action plan by the municipal council or the local lead organization is an essential step to proceed with before the implementation of activities.

Once this is done, and given the time and effort invested by all the members of the Steering Committee, it will be important to validate the work and to distribute the results broadly. Therefore the whole community can learn about the initiative and take ownership, on an individual and a collective basis.



## A Policy for Seniors... Why Not?

A municipality or community may, prior to the preparation of its action plan, establish a policy for seniors. That makes it possible to recognize the real needs of seniors and bring out a vision and the issues shared by all the members of the Steering Committee, which will lead to the development of the action plan.

A policy for seniors is not an essential element for an AFC initiative, but could be an interesting option for municipalities and communities who wish to invest strategically in issues related to aging. As with any policy, a seniors' policy must be duly passed by the municipal council or the relevant decision-making authorities.

### Step 5 – IMPLEMENTATION

Once the action plan has been adopted, the next step is to plan and organize the resources needed to ensure it is implemented and monitored.

The actions to be taken are usually many and varied; it is necessary to plan how they will be achieved. This step also predicts the possible environmental constraints, including costs and the availability of resources.

#### Follow-Up Committee

Those responsible for this step are the members of a Follow-Up Committee, which could be the Steering Committee or a new committee that the municipal council or the lead organization has mandated to follow up on the activities. This committee, which usually brings together members concerned with the issues, their respective organizations, and partners in the community, is therefore responsible for planning and organizing the implementation of the action plan.

#### Organization and Planning the Implementation

The use of an [action sheet](#) (see sample in Appendix G) allows the person responsible for implementing the action to organize and plan the necessary resources (human, financial, material, informational)<sup>13</sup> while noting obstacles and limitations encountered in the community.

#### Implementing Actions

All AFC initiatives are designed to implement actions in order to improve built environments (infrastructures) and social environments as they relate to seniors, along with the programs and services that may contribute to their well-being. This step is therefore the culmination of the efforts that have been invested in the process, and it is at this point that stakeholders and

the community can see the concrete changes resulting from the initiative.

Those responsible for implementing each of the actions have been identified in the corresponding action sheet, and they vary depending on the action to be carried out. The action sheet also makes it possible to chart the progress of the action. The person responsible for implementation will be able to use it to note obstacles encountered and the solutions adopted to overcome them. They can also record the conditions for success that allowed the action to be carried out. The Follow-Up Committee also checks the action sheet on a regular basis in order to monitor and adapt, where needed, the implementation of the actions to successfully carry out the action plan.

In general, the successful implementation of the actions depends on a number of factors<sup>14</sup>, the most important of which are:

- The political will of the community and the community's engagement and support in carrying out and supporting the actions
- Participation of the appropriate stakeholders (i.e., those with the necessary knowledge and know-how with respect to the actions planned)
- Intersectoral collaboration between stakeholders
- Training and other support conditions for carrying out the actions
- The cost-benefit balance of the actions (positive benefits)
- The quality and consistency of the partnership established between the Steering/Follow-Up Committees and the community partners

Promotion is a key way to effect positive social change through the development and use of communication tools, social marketing and resources.

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## Follow-Up and Support the Implementation of the Actions

The members of the Follow-Up Committee meet at the beginning of the implementation and then at least four times a year to produce the record of achievements. Since the follow-up and support of the actions is the responsibility of all of the stakeholders identified on the action sheet, the Committee must establish, in the record of achievements, whether or not the actions implemented achieved their objectives. Whatever the outcome, there are lessons to be learned by assessing what worked well and what could have been done better.

## Build on the Strengths of the Community

Capitalizing and focusing on the strengths and resources in your community helps to strengthen local capacity to create positive change. These resources include the know-how, skills, and knowledge of individuals, the networks and influence of organizations, the human and material resources, and the infrastructures as well as the support and services offered by institutions in the community.

The initiatives that bring together individuals, organizations, institutions, and other partners in a learning and planning process are opportunities to be seized. They are opportunities to identify and take advantage of the community's wealth and untapped resources, to promote individual and collective engagement, and to build the pride of belonging within the community.

## Step 6 – MONITORING PROGRESS

Monitoring progress through self-assessment involves critically reviewing how the AFC initiative was conducted and the outcomes of the actions. It consists of two parts:

- 1) data (qualitative and quantitative and fact-based) is collected based on specific and explicit criteria<sup>15</sup> in relation to the steps of the initiative;
- 2) a reflective self-assessment on the part of the members of the Follow-Up Committee and the community partners in order to clarify their position with respect to the continuation of the initiative.

This exercise makes it possible to understand the initiative's strengths and weaknesses and determine the extent to which the objectives indicated in the action plan were achieved:

- understand how the initiative unfolded;
- determine whether or not the objectives of the action plan were achieved;
- understand the initiative's strengths and weaknesses;
- improve the implementation of the actions;
- increase recognition of the approach in the community and among community stakeholders and decision-makers.

This step is done by the members of the Follow-Up Committee and their respective organizations and by the community partners.

The [assessment tool](#) found in Appendix H may help the group in the fact-based assessment of the various steps of the initiative. The group reflection can be done through a review of the action plan; the comments and opinions of the participants can be noted and considered by the Follow-Up Committee for the continuation of the work.

The group reflection exercise can also be done in terms of the general objectives of the AFC approach. Appendix I contains a [list of questions](#) that can be used for this reflection-based self-assessment, the answers to which will enrich the results of the initiative.

## RECOGNITION

Once the work is done and the proposed changes are well on the way to being finalized, it is possible for an AFC initiative to obtain provincial, national, and/or international recognition. To obtain that recognition, the AFC Steering Committee must demonstrate that the initiative meets certain specific criteria and then submit an application for consideration by the province. An application for international recognition may also be submitted to the WHO.

Information on New Brunswick's Age-Friendly Recognition Program is available at [www.wellnessnb.ca](http://www.wellnessnb.ca)

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## A – Sample Information to Include When Seeking out Community Support to Adopt AFC Approach

A request for support could be submitted by phone, email, fax or postage mail to any of the potential sources of support mentioned in Step 2B (page 25).

The request for support should include the following information:

- A brief description about your age-friendly approach
- Copy of the resolution passed on (date) confirming your desire to carry out the activities that will allow your community to become an Age-Friendly Community [See Appendix B for sample]
- Copy of the work schedule that was proposed by the Steering Committee responsible for implementing the Age-Friendly Community approach for the municipality/community [See Appendix C for sample]
- The name of the person responsible for supporting the work of the Steering Committee - contact information (name) (e-mail) - (telephone)

## B – Sample Resolution Confirming Engagement in the AFC Approach

WHEREAS the municipality/community of XXXX has realized the importance of providing our seniors with good quality of life;

WHEREAS the municipality/community of XXXX seeks to engage our citizens in making our community a better, healthier and safer place for seniors to live and thrive;

WHEREAS the municipality/community would like to build on the momentum of the Canadian and global movement of Age-Friendly Communities, originally initiated by the World Health Organization (WHO), to meet the needs of our aging population, promote the active participation and wellness of seniors in our community, and develop a more inclusive community.

It is therefore moved by \_\_\_\_\_  
and seconded by \_\_\_\_\_

BE IT RESOLVED THAT the municipality/community of \_\_\_\_\_

is committed to:

- Engage in an “Age-Friendly Community” approach, which is designed to improve the well-being of all of our citizens, and to share our experiences with other communities.
- Strike a citizens’ committee (Steering Committee) whose members will be appointed by the organization X or the municipal council of X to whom they will be accountable, to coordinate the “Age-Friendly Community” approach. This Committee will be responsible for implementing an approach leading to an action plan, shaped by the community’s reality, to improve the quality of life of seniors.

## C – Sample Work Schedule for the Steering Committee

### AFC Initiative – Name of Municipality/Community

Period	Activity/Step
April and May 2016	Completion of the age-friendly assessment and analysis of the current situation <ul style="list-style-type: none"><li>- Statistical portrait of the community</li><li>- Review of existing services/infrastructure</li><li>- Identification and analysis of needs</li></ul>
June and July 2016	Analysis of data and preparation of the study report
September 2016	Presentation of the results of the study to the citizens in order to obtain feedback
October and November 2016	Prioritization of needs and development of the action plan
December 2016	Presentation of the action plan to the municipality
January 2017...	Completion and follow up of the action plan

## D – Service Grid

The idea here is to take inventory of policies, programs, and services that are relevant to seniors, as part of the age-friendly community assessment. This is just a guide, the following examples are not exclusive.

1. Examples of policies	<ul style="list-style-type: none"> <li>• Seniors’ policy</li> <li>• Cultural policy (with measures for seniors)</li> <li>• Family policy (with measures for seniors)</li> <li>• Housing policy (with measures for seniors)</li> </ul>
2. Examples of services and programs for seniors	<ul style="list-style-type: none"> <li>• Adapted transportation</li> <li>• Adapted recreational facilities</li> <li>• Adapted crosswalks</li> <li>• Adapted housing</li> <li>• Public events for seniors</li> <li>• Neighbourhood Watch</li> <li>• Protection for seniors in case of fire</li> <li>• Emergency plan for major disasters</li> </ul>
3. Public services and programs	<ul style="list-style-type: none"> <li>• Program on abuse or fall prevention</li> <li>• Extra-Mural Services (professional health care delivered at home)</li> <li>• Day centres (activities adapted to seniors)</li> <li>• Specialized clinics (prevention and management of chronic diseases, vaccinations, etc.)</li> <li>• Financial assistance for specialized equipment</li> <li>• Caregiver services</li> </ul>
4. Community work and services	<ul style="list-style-type: none"> <li>• Red Cross</li> <li>• Food Bank</li> <li>• Meals on Wheels</li> <li>• Moving helper</li> <li>• Homemaker</li> <li>• Internet initiation training</li> <li>• Intergenerational programs</li> <li>• Recreation for seniors</li> <li>• Adapted physical activity programs</li> </ul>
5. Private programs and services	<ul style="list-style-type: none"> <li>• Grocery delivery service</li> <li>• Home security system</li> <li>• Pharmacy/accessible banking services</li> </ul>

## E – Sample Prioritization Grid

Project Identification	Activities planned for each project	Importance Meeting a priority need for seniors 1= not important 5=very important	Feasibility 1= requires too many resources/expertise 3=fundraising to be done 5= we have the necessary resources	Time 1 = long term 3 = medium term 5 = short term	Characteristics of the project Mobilizer (level of attraction) 1 = little 3 = limited 5 = high	Characteristics of the project Structuring for the community 1 = little 5 = very	Responsibility 1= not our responsibility 3= to be determined 5= already knows (name)	Rank	Comments /Decision
<b>EXAMPLE:</b> Project No. 1 on respect for seniors in the city	<b>Activity 1</b> Training city workers on the approach to use with seniors								
	<b>Activity 2</b> Seniors' Appreciation Day								
<b>Individual score</b>									
<b>Group score</b> (average of the columns)									
<b>Discussions on the outcomes</b>									

Tool developed in collaboration with the steering committee of the VADA project in Drummondville © Research team for the Villes amies des aînés au Québec pilot project — Centre de recherche sur le vieillissement — CSSS-IUGS, 2009-2013.  
Lien vers version internet [www.wellnessnb.ca/seniors/](http://www.wellnessnb.ca/seniors/)

## F – Sample Action Plan

Orientations (can also refer to the area for action, i.e., housing, transportation, etc.)	Objectives	Actions (or project/initiative)	Services responsible and partners	Resources (human, financial, material, and informational)	Timeline	Expected outcomes

© Tool developed with the research team of the Villes amies des aînés au Québec pilot project — Centre de recherche sur le vieillissement — CRESS-IUGS, 2009-2013.

## G – Sample Action Sheet (1 of 2)

<p>Issue (statement of the problem to be addressed): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Implementation period for the action(s) contemplated:</p> <p>Start date: _____ / ____ / ____</p> <p>End date: _____ / ____ / ____</p>
<p>Summary description of the initiative (solution or set of solutions that are proposed to make change): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Title of initiative/action: _____</p> <p>_____</p> <p>Project/action No.: _____</p> <p>Area for action: _____</p>
<p>Expected key outcomes (objectives that can be measured in quantity and quality): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Project leader: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Main methods for achievement: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Project partners: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>What leads us to prioritize this issue in our community (identify those that apply):</p> <p>A. Needs of seniors, identified in focus groups or forum</p> <p>B. Needs of seniors, identified from other sources</p> <p>C. Strengths and assets identified by seniors and the community</p> <p>D. Statistical profile of our community</p> <p>E. Profile of services and resources for seniors</p> <p>F. Opportunity to build on the community strengths that already exist</p>	<p>Review your answer(s): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



## H – Self-Assessment Grids

STEERING COMMITTEE		
Question	Answer/Comments	Follow-Up
Is the Steering Committee made up of municipal elected officials and administrators, representatives of public services and civil society associated with seniors?		
Are community organizations and associations dedicated to seniors represented on the Steering Committee?		
Is there a person who has been mandated by the municipal council/ lead organization to be in charge of “seniors” issues on the Steering Committee?		
Is there is a designated project manager on the Steering Committee who is responsible for organizing and coordinating the activities of the AFC initiative (e.g., assessment, development and implementation of the seniors policy and action plan)?		
Are all members mandated by their organization, association or institution to participate on the Steering Committee?		
Does the Steering Committee keep community partners regularly informed about the progress of the AFC initiative?		
Does the Steering Committee promote the development of types of collaboration with community partners who work with seniors?		

ASSESSMENT AND EVALUATION		
Question	Answer/Comments	Follow-Up
Are seniors in the community consulted about their real needs and strengths?		
Has the consultation been conducted using a participatory approach (e.g., focus group or community forum), where seniors have been met with and listened to?		
Has a comprehensive profile of services, programs and policies accessible to seniors in the municipality been created?		
Has a statistical profile of the municipality's demographic and social situation been created?		
Has a strength-based approach to identify the municipality/community's assets been used?		

<b>ESTABLISHMENT OF PRIORITIES</b>		
<b>Question</b>	<b>Answer/Comments</b>	<b>Follow-Up</b>
Has the Steering Committee used a collaborative approach when determining the priority orientations of the AFC initiative?		
Have the Steering Committee members worked together to determine the objectives of the AFC initiative?		
Are the orientations and priorities consistent with the findings of the assessment?		
Have the orientations and priorities been disseminated to the community partners and to the seniors in the community to obtain feedback and validation?		

<b>ACTION PLAN</b>		
<b>Question</b>	<b>Answer/Comments</b>	<b>Follow-Up</b>
Is the action plan the result of collaboration between Steering Committee members?		
Has the Steering Committee made the connection between seniors' needs and strengths and the proposed actions?		
Do the actions allow for intervention with respect to both the physical and the social environments?		
Does the action plan focus mainly on the eight areas for action associated with active aging?		
Do some of the actions include different generations? In other words, do they target intergenerational activities?		
Has the municipal council or board of the lead organization adopted the action plan by resolution?		
Have the community partners and seniors been informed about the action plan?		

IMPLEMENTATION		
Question	Answer/Comments	Follow-Up
Is the action plan well underway?		
Have actions been carried out in partnership with the municipality and community representatives?		
Do actions that enable new ways of doing things get introduced in the community?		
Have implementing actions using an intersectoral approach reduced the use of "silo" practices?		
Have seniors respond positively to the AFC initiative actions and do they participate in large numbers?		
Does the commitment of Steering Committee members and community partners to the action plan include financial, human, material or informational resources?		

**I – Group Reflection Exercise – Has our AFC initiative met its objectives?  
(NOTE: Sample objectives provided)**

<b>OBJECTIVE: COMBAT AGEISM</b>		
<b>Question</b>	<b>Answer/Comments</b>	<b>Follow-Up</b>
Is the community combatting discrimination against seniors?		
Does the community present a positive image with respect to aging and seniors?		
Does the community encourage healthy lifestyles and stimulating activities for seniors, whether paid, voluntary, or performed as leisure activities?		
Do seniors in the community participate in social life, are they recognized and included, do they feel useful and develop their abilities?		



**OBJECTIVE: ADAPT POLICIES, SERVICES, AND STRUCTURES**

<b>Question</b>	<b>Answer/Comments</b>	<b>Follow-Up</b>
Are the community's policies, services, and structures designed to support seniors?		
Is the community more adapted to the needs of seniors?		
Has the mobility of seniors been improved?		
Are the policies, programs, and services aligned between the community and local partners?		
Are seniors better served by the community?		

**OBJECTIVE: ADOPT A COMPREHENSIVE AND INTEGRATED APPROACH**

Question	Answer/Comments	Follow-Up
Does the community encourage concerted local and regional actions for seniors?		
Do stakeholders from all sectors (transportation, community planning, community living, etc.) work together and with seniors to find solutions?		
Has the community developed a vision for integration between generations? In other words, is it concerned about current and future generations?		



**OBJECTIVE: PROMOTE THE PARTICIPATION OF SENIORS**

<b>Question</b>	<b>Answer/Comments</b>	<b>Follow-Up</b>
Are the needs and strengths of seniors known?		
Do seniors have the opportunity to express themselves with regard to the issues that concern them?		
Were the seniors who are marginalized, isolated, or who live in poverty consulted about their needs and strengths?		
Does the community foster the engagement and participation of seniors?		
Is the AFC initiative carried out by and for seniors?		

**OBJECTIVE: RELY ON COLLABORATIVE PARTNERSHIPS AND THE MOBILIZATION OF THE WHOLE COMMUNITY**

<b>Question</b>	<b>Answer/Comments</b>	<b>Follow-Up</b>
Did the community play a major role in the AFC initiative?		
Did the community allow for a greater coordination of organizations and associations, programs and/or services?		
Did the community mobilize the key local players in the various sectors (health, community organizations, associations, private organizations, etc.)?		
Did the AFC initiative help to develop innovative actions for the well-being of seniors?		

## J – Other Key Organizations Contributing to the AFC Approach in New Brunswick

### The Mouvement Acadien des Communautés en Santé du N.-B.

The mission of the Mouvement Acadien des Communautés en Santé du Nouveau-Brunswick Inc. (MACS-NB) is to act as a network for the mobilization and support of Acadian communities and local Francophone populations in New Brunswick in taking charge of their wellness. To do that, it promotes the Healthy Communities-Schools model and is a key partner for the AFC movement in New Brunswick.

MACS-NB is a strong promoter of social inclusion, and has developed highly effective tools in this area to help communities put in place measures and infrastructure that facilitate citizen participation in social and community life.

Helpful resources and guides may be consulted at the organization's website: [www.macsnb.ca](http://www.macsnb.ca) under the *Publications* tab.

Many Francophone agencies, institutions, schools, communities, and municipalities are members of MACS-NB and thereby benefit from support and resources for initiatives focused on health and wellness. MACS-NB coordinates the Community Action Network of the Société Santé et Mieux-être en français du Nouveau-Brunswick and is an important partner in New Brunswick's Wellness Strategy.



## New Brunswick's Economic and Social Inclusion Corporation

The first plan to fight poverty in New Brunswick, developed in 2009, saw the enactment of a piece of legislation – the *New Brunswick Economic and Social Inclusion Act* – and the establishment of a Crown Corporation – the New Brunswick Economic and Social Inclusion Corporation – which led to the creation of 12 Community Inclusion Networks. The main role of these 12 Networks is to develop regional plans to reduce poverty and to work together to provide programs that meet the needs of the population.

The second plan of this type developed by the Province - ***Overcoming Poverty Together: The New Brunswick Economic and Social Inclusion Plan 2014-2019*** – focuses on strengthening the capacities of citizens and their communities and was designed so that everyone can contribute directly and concretely to improving the situation. The plan therefore supports the communities from the start on their road to collectively taking charge of the situation.

One of the major strengths of this initiative is to unite around a common goal - the fight against poverty. There are four sectors that have an impact on the objective, drawing on the talent, capacity, will, determination, and commitment of all New Brunswickers. These sectors are: people who are living or who have lived in poverty, the business sector, non-profit organizations, and the government (including the Official Opposition).

More information about the New Brunswick Economic and Social Inclusion Corporation and the New Brunswick Economic and Social Inclusion Plan 2014-2019 is available at: <http://www2.gnb.ca/content/gnb/en/departments/esic.html>.

