

# RIGHTS AND KNOWLEDGE-BASED APPROACH TO AGING AND DISABILITY: AN OVERVIEW OF ISSUES AND APPROACHES

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## **Abstract**

This analysis paper is part of a larger project led by the Canadian Centre on Disability Studies (CCDS) and funded by Human Resources and Social Development Canada (HRSDC), called “*From Research and Knowledge to Better Practice: Building Strategies and Partnerships for Livable Communities That are Inclusive of Seniors with Disabilities*” (2008-09). The central purpose of the larger project was to develop and test a model of livable and inclusive communities that includes the needs, preferences, and circumstances of seniors with disabilities. A participatory method was used to accomplish this goal by identifying the key principles and elements of what makes communities livable and inclusive for seniors with disabilities and to develop and test a Livable and Inclusive Community Evaluation Tool and process to measure the extent to which the community meets their needs. In addition, a Livable and Inclusive Community Planning Tool was developed and introduced to several pilot communities across Canada.

This paper provides an overview of issues, needs and approaches to disability and aging and is the beginning of the subsequent series of papers. In this discussion the terms “seniors” and “older adults” are used interchangeably reflecting the flexible use of the terms in the North American context.

**Key words:** *Disability, Aging, Aging with Disability, Seniors/Older Adults, Accessibility, Community living, social model of disability, Inclusion, Disability Lens, Senior Lens.*

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## **Introduction**

Disability as seen from the disability movement perspective is a social issue whereas disability from the aging perspective is seen as loss of capacity. These two perspectives have implications for how disability is viewed and addressed. In both perspectives, there is a

perception of greater acceptance of disability if it comes gradually. The sudden or progressive onset of a disability is a key variable (in terms of timing, but also how it happens) in the self-identification with disability status. For persons with disabilities entering their senior years, there is a redefinition and questioning of self-identification. There might be an identity crisis, harder fights, or even burnout. However, there are similar issues that affect both seniors and persons with disabilities: vulnerability, safety and security, fraud and exploitation, supports and healthy living, economic viability, assets and poverty, social isolation, access to housing and the public built environment, etc. It is clear that in both cases, the environment and support systems have tremendous impact on these issues.

There are different notions that society has in relationship to aging and to disability. There are well known stigmas associated with aging (that one will necessarily be disabled which is not true) and with disability itself (unattractive, unable to work, to live independently, etc). The Federal government recently conducted a study entitled *Canadians Attitudes Toward Disability* (2004) that discusses some of these issues. Many people who are growing older fear the prospect of the onset of disability and experience stigma around the possibility of aging with a disability and how this might impact their lives. These individuals may not feel comfortable with using disability-related services, advocacy groups, etc. Most seniors do not accept the label of disability, even when formal structures and systems tell them they have a disability. Although such labels are sometimes necessary for people to access supports, there is a complex social stigma associated with both aging and disability (double stigma). Variables such as cultural differences, religion, language, family role, age, gender, and social environment all play a role in how a person will accept to self-identify as a senior with disabilities. Some people may be reticent in associating with seniors with disabilities because it may symbolize loss of independence and dignity and raise the issues related to the acceptance of mortality. Time is also an issue, as there is less time for seniors to accept and deal with disability. In some cases, seniors may refuse to take on “disability” as a label, but will take on the impairment itself (recognizing for example, a loss of hearing but not accepting to be qualified as a person with a disability). The obvious consequence is that many seniors under-report disability. But disability is a natural part of life. Although younger populations with rights-based attitudes might accept it more than seniors – and we might see a difference in attitudes in 5 to 10 years due to that, disability status needs to be re-valued among seniors.

We currently have very little knowledge of what the pathway or trajectory is for persons with long-term disability who are aging and continue to need various disability supports and who want to continue to participate in the community. It is important to develop an understanding of this issue to examine the disability support programs in both the government and voluntary sectors of both the disability and the seniors programming as well as to examine generally ways the communities have moved toward inclusive livable societies. There are tensions arising in various sectors regarding eligibility for and use of certain types of disability supports such as parallel transportation, certain types of housing. These tensions actually demonstrate the growing seniors’ population and the recognition of good programming in the disability sector and vice versa. However, the sectors have traditionally not been brought together to discuss this kind of issues. One area where the two groups have been brought together somewhat is in the area of physical access and design of inclusive communities.

Canada’s population is aging, and as a result, the numbers of individuals experiencing a form of disability is also increasing. Disability in this sense is defined as “physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder full and effective participation in society on an equal basis with others” (United Nations, 2006). Seniors, or individuals over the age of 65, by their sheer numbers, are gradually becoming a more significant component of Canadian society, and it is incumbent upon the government and

non-government sectors to ensure that communities are inclusive and livable from the point of view of seniors.

The concept that seniors with disabilities should be included and fully participate in the community is based on a social model of disability which takes the view that disability is a consequence of environmental, social and attitudinal barriers that prevent people with impairments from full participation in society. In this case, the responsibility lies with society to change in order to accommodate the individual as opposed to the other way around. For example, if an individual who uses a wheelchair is registered for a recreational program, then it is up to the program to ensure that the building is accessible. Full participation in society means that people with disabilities have the same rights as everyone else, are able to make informed choices, pursue personal goals, and are seen as equal. Using the social model of disability as the basis, the purpose of this paper is to examine how the community environment can become more conducive to full participation of seniors with disabilities by placing the onus on the community partners, with participation from seniors, to evaluate their respective communities and develop a plan of action.

**The purpose of this study was** to conduct a comprehensive analysis of issues between aging and disability sectors, as well as a review of the current initiatives in the areas of aging and disabilities. This study demonstrates the overlap between the two sectors and highlights the required areas in a combined evaluation model.

### **Object and methodology of the research**

We took a systematic approach to the literature review. Our understanding of an effective literature review is one that includes the following characteristics: a) methodologically analyzes and synthesizes quality literature; b) provides a firm foundation to a research topic; c) provides a firm foundation to the selection of research methodology; d) demonstrates that the proposed research contributes significantly new information to the overall body of knowledge or advancing the research field's knowledge to influence policy and practices. This is based on the work of Hart (1999), Shaw (1995a) and Webster and Watson (2002). The literature review provided the current status of the body of knowledge (BoK) in this research field (Iivari et al., 2004). Our literature review revealed the existing knowledge and gaps where new research is needed, provided a solid theoretical foundation for the study, substantiated the presence of the research problem and directions. The review also provided models of practice that will assist in determining best practices for future policy and program development.

### **Aging and Disability – What the statistics tell us**

Recent studies show that Canada's population is aging. It is estimated that in 2001 there were 3.92 million Canadians age 65 and over. It is anticipated that as the baby boomer generation (born between 1946 and 1965) ages, the number of seniors is expected to reach 6.7 million in 2021 and 9.2 million in 2041 (nearly one in four Canadians). Seniors (age 65 and over) are the fastest growing population group in Canada overall, with the most notable increase occurring among the oldest Canadians. In 2001, more than 430,000 Canadians were age 85 and over and this age group is expected to increase to 1.6 million individuals by 2041 or 4% of the overall population (Health Canada, 2002).

There is evidence to show that as Canada's population ages, the disability rate increases, demonstrating a direct relationship between the two. The Participation and Activity Limitation Survey (PALS) 2006 conducted by Statistics Canada was designed to collect information on adults and children who have a disability. The survey defines disability as self-reported limitations in everyday activities due to a physical or psychological condition or to a health condition. The data revealed that among children age 0 to 14, 3.7% reported a disability, with

the rate increasing to 11.5% among individuals aged 15 to 64, and further increasing to 43.4% among persons aged 65 and over. Furthermore, more than half (56.3%) of persons aged 75 and over reported having an activity limitation (Statistics Canada, 2007). However an aging population does not account entirely for the increasing rates of disability. Other factors such as changes in the perceptions of Canadians towards their limitations and an increased willingness to report them all contribute to the increase disability rates.

Women reported slightly higher rates of disability than men across most age groups, including seniors. Differences in the rates began to show at age 25 when rates of disability are slightly higher for women than men, and this trend continues into the senior age groups where approximately 54% of men and 57.8% of women over the age of 75 experienced activity limitations (Statistics Canada, 2007).

Based on the connection made between the senior population, gender and higher rates of disability, we know that a province's demographic profile does have an impact on the disability rate for that province. The PALS survey results showed that Quebec had the lowest disability rate at 10.4% and Nova Scotia, a province with one of the highest percentages of seniors, had the highest disability rate at 20.0%. Ontario, Manitoba, and British Columbia, the three provinces that are the focus of this project, have very similar rates of disability at 15.5%, 15.7% and 16.0% respectively (Statistics Canada, 2007).

The primary causes of limitations in activity cited by individuals age 15 years and over were pain, mobility restrictions, and agility problems. Approximately 11% of the total population age 15 and over reported one of these limitations, and 70% of these same individuals who reported one of these three disabilities were also affected by the other two. The rates of disability associated with pain, mobility and agility increase with age along with difficulties hearing and seeing. For example, less than 2% of individuals between the ages of 15 and 24 reported in the PALS survey that they experienced challenges with mobility; however 44% of people age 75 and over were affected (Statistics Canada, 2007). Moreover, the causes of disability change as a person ages and the degree to which the person's activities are restricted becomes more severe.

This aging population has important implications in terms of health care, community planning, community attractions and spending patterns. With our aging population, there are an increasing number of people who are aging into disability. At the same time, there are an increasing number of people with long-term disabilities who are aging due to better health and community supports.

Within Canadian health and social services, people with disabilities and older people are constructed as two distinct client groups. Separate organizations and departments provide services and support to each group. These two groups have remained distinct even though they share many commonalities. However in terms of community participation as well as barriers and facilitators in the environment, many of the needs gaps are similar. There is a need to examine more efficient use of community resources with the increase in these populations. Questions arise as to how best to address the needs of people whose issues relate to both aging and disability. It is recognized that an age friendly society will also be a disability friendly society and indeed a more universally designed society – better for all. Surprisingly, even though there are many commonalities, there has been very little dialogue between disability and aging sectors including government departments, on-profit agencies, researchers and consumers themselves.

### **Common Issues between Seniors and People with Disabilities**

Despite the evidence showing the increasing numbers of senior individuals experiencing disability, the senior and disability sectors have historically been addressed separately in both

the health and social service and policy realms. As a result, barriers have been created to receive necessary supports and services needed to attain quality of life. The common services used by seniors and people with disability calls for combined approaches to service delivery and policy development to ensure that seniors with disabilities can fully participate in the community.

#### • Home Support Services

Home care and home support related programs are an essential resource for any individual whose daily functioning is compromised. The Council of Canadians with Disabilities (Krogh & Ennis, 2005) undertook a national study of home care policies and supports across Canada. The value of home care and support programs was emphasized by consumers across Canada when they described the importance of good home support as a key contributor to health and quality of life, assisting individuals to reach their human potential, attain life goals and exercise full citizenship. Good quality home support for many was characterized by consumer control regarding caregiver, schedule, location and type of service. Well-trained staff who valued consumer expertise and respectful relationships was also described as essential components of quality home support (Krogh & Ennis, 2005).

However, the reality is that programs available to persons with disabilities and seniors differ in terms the range of support options available. As well, the eligibility criteria for home support services differ, with some excluding persons with disability and others excluding seniors, yet the service is required for both groups of individuals. As people with disability age, the transition from the disability services to the senior services can be challenging with the former advocating for more consumer control practices and the latter focused on a more paternal approach to service provision. This begs the question of what losses are experienced by people with disability as they transition to senior related services. In light of this, it is important to examine the possibility of integrating models of home care and support from the disability and aging fields. This enables the provision of a fuller range of supports and services to maximize independence for those with disabilities who are growing older and the senior population by emphasizing the strengths from both sets of models. Also, coordinated and integrated services result in cost efficiencies. The integration of service model requires changes in policy in the health and social service sectors to support the integration of home support services.

#### • Accessibility

The built environment can act as a barrier or a catalyst to the participation of individuals aging with disabilities as well as those aging into disabilities. The built environment refers to items such as housing, parks, recreation facilities, and public transportation systems. Too often the built environment is not designed to facilitate access of individuals who have restricted mobility, such as the presence of stairs in houses, an absence of ramps into buildings, a lack of clear walkways, and a lack of mobility friendly transportation options. When buildings are designed with accessibility in mind, the net effect is that individuals with disabilities become more independent, relying less on external supports, and are more likely to fully participate in the social, economic, and environmental aspects of the community.

#### • Stigma Associated with Aging and Disability

Society attributes and assigns different labels to the notions of aging and disability, also known as societal stigma. For example, there is a widespread assumption the seniors with disabilities cannot be productive in the paid employment sector and are incapable of living independently. Many people who are growing older fear the prospect of the onset of disability

and experiencing the stigma that surrounds disability and how this might impact their lives. Many seniors are reluctant to accept that they have a disability for fear of the stigma, even though acknowledging the disability is necessary to access needed supports. Variables such as culture, religion, language, family role, and gender all have an impact on whether a person will self-identify as a senior with disabilities. Some people may be reluctant to identify themselves as seniors with disabilities as it carries with it a “double stigma”: the negative connotations society associates with aging and disability. In some cases, seniors may refuse to accept the “disability” label, but will take on the impairment itself (recognizing for example, a loss of hearing but not accepting to be qualified as a person with a disability).

How terminology such as “disability” is defined by a particular group is affected by the stigma surrounding disability and aging. Many organizations for seniors refrain from using terms such as disability and discuss “healthy aging” instead. Within the disability movement, however, the term “disability” is not defined as an illness but rather as a state in which a person can live a full productive life. For example, some seniors believe that disability aids and devices such as wheelchairs are signs of frailty. In contrast, the disability community feels that use of these types of aids and devices can lead to greater pride and independence. A community that is considered livable and inclusive of seniors with disabilities would not embrace negative perceptions but rather would look to the attitudinal, environmental and social changes needed to ensure that they can participate fully in the community.

#### • **Impact on Individuals and Families**

The impact of the increasing number of people aging with disabilities and those aging into disability is significant for individuals and families. For those individuals whose disabilities are worsening due to health conditions or whose physical or cognitive functioning is decreasing, there is an increased need for support from family, friends and other informal caregivers as well as the formal service system. For family members who offer much of the informal caregiving, this results in increased family stress. Previous research conducted by CCDS on the experiences of informal caregivers with disabilities showed that supports to caregivers with disabilities as well as care receivers were inadequate. The findings included: insufficient respite care (particularly in rural areas), insufficient home supports to both caregivers and care receivers, insufficient compensation to family caregivers, lack of accessible, affordable and flexible transportation, inaccessibility of the environment, and lack of sufficient affordable, accessible housing. In addition, non-profit organizations and agencies which support caregivers are often inadequately funded resulting in a decreased ability to provide services. As more people age, the stresses and strains on individuals, caregivers and the service system will increase unless communities take steps to engage seniors with disabilities and other key partners in developing ways that the community can be responsive to their needs.

#### • **Research and Policy**

Within the research and policy realm, “disability” and “aging” are often treated as two distinct areas. As this section has demonstrated, there are common issues that converge for the two groups which should be integrated at the policy level and at the service delivery level. There is a need to develop solutions that will serve to meet the needs of persons with disabilities, seniors, and seniors with disabilities. For example, universal design is applicable to both the aging and disability fields, and policies can be developed as a starting point for communities to address environmental aspects of livable and inclusive communities for seniors with disabilities.

### **Seniors and Disability Lens**

Within the context of social policy and program analysis, the term “lens” refers to a tool used to assess the degree to which a policy, initiative or program is consistent with the needs of the population being studied or examined. A lens is a framework which includes a series of questions that are taken into account in the development, delivery and evaluation of policies, programs and services pertaining to a specific group. Separate lenses have been developed as they relate specifically to seniors, seniors mental health, disabilities, and inclusion; however these lenses have not been combined to assess common policies, programs, and services for seniors with disabilities. Examples of common issues include: the need for a range of affordable and accessible housing, affordable, accessible and flexible transportation, and a range of home support services. For this project, it is important that a combined seniors and disability lens is developed in order to accurately measure if a community is livable and inclusive of seniors with disabilities. In this section, the components of separate disability and seniors lenses are described, and the key elements of a combined lens are proposed.

#### ***Disability Lens***

Provincial governments in British Columbia and Alberta have developed disability lenses while Manitoba is in the midst of developing its disability lens. Each lens is designed to assess the degree to which people with disabilities are included in policies, programs and services, although the elements of the various lenses differ slightly. For example, the Alberta Disability Lens (Premier’s Council on the Status of Persons with Disabilities, 2002) is divided into three sections of questions: 1) identifying the degree of inclusiveness reflected in policies or programs; 2) addressing the homogeneity of the interests and viewpoints of children, women, and seniors with disabilities; 3) addressing employment, education, housing, transportation, and recreation/active living of persons with disabilities. The responses to the questions are rated with respect to the degree of inclusiveness for persons with disabilities and each rating leads to a strategy to improve or maintain the rating of the initiative.

Alternatively, the disability lens developed by the British Columbia government (Government of British Columbia, 2002) reflects broad principles to ensure that legislation, policy, programs and services are inclusive of persons with disabilities. The seven primary impact areas in the British Columbia Disability Lens are:

- Consultation and data collection;
- Accessibility and appropriate accommodation;
- Systemic, indirect discrimination and legal obligations;
- Economic status, education, training and employment;
- Communication;
- Safety and protection from victimization;
- Health and well-being.

The Government of Saskatchewan released a *Disability and Inclusion Framework* in June 2007. Similar to a disability lens, the Framework contains values, goals and principles; however there is a focus on the disability support service system and the impact that a disability has on a person’s ability to achieve social and economic inclusion. The Framework is intended to serve as a guide to the development of policy, programs and services that will better support and include individuals with disabilities (Government of Saskatchewan, 2007).

#### ***Seniors Lens***

The National Framework on Aging (2002) created by Health Canada and the Seniors Mental Health Policy Lens (2004) developed by the British Columbia Psychogeriatric Association are examples of a seniors lens containing questions against which policies,

programs and services can be measured. The National Framework on Aging is based on a set of principles that include dignity, independence, participation, fairness and security. The questions are designed to assess the presence or absence of these principles in policies, programs and services related to seniors. Examples include:

- Does the policy/program address the diverse needs, circumstances, and aspirations of various sub-groups within the senior population (e.g. age, gender, family status, geographic location, Aboriginal status, official language minorities and ethno-cultural minorities, income status, health status, etc.)?
- Is the policy/program inclusive in nature, or does it separate and isolate seniors from the rest of society?
- Does the policy or program take into account the full costs and benefits of supporting the aspirations of society, including those of seniors? What is the cost or consequence of not responding?

In the article “Promoting Seniors Well Being: A Policy Lens”, MacCourt (2004) discusses a Seniors Mental Health Policy Lens developed by the British Columbia Psychogeriatric Health Association. This lens is an analytical tool to identify (or predict) direct or indirect negative repercussions of policies, programs and services (in place or proposed) on the mental health of all older adults. It was developed as part of a national project, “Psychosocial Approaches to the Mental Health Challenges of Late Life”, awarded to the B.C. Psychogeriatric Association by Health Canada, Population Health Fund. The Seniors Mental Health Policy Lens incorporates the perspectives of Canadian seniors about the factors influencing their mental health and reflects the values of older adults.

The lens is composed of a set of ten questions that are: 1) intended to raise user’s awareness about the factors that impact the mental health of older adults; 2) guide the analyses of policies from a seniors’ mental health perspective. The questions are based on the principles of the population health determinants (Health Canada, 2002), mental health promotion (Health Canada, 1998) and healthy aging policy (Marshall, 1994). They draw upon the values and core principles embedded in the “Guidelines for Best Practices in Elderly Mental Health Care” (B. C. Ministry of Health, 2002) and the “National Framework for Aging: A Policy Guide” (Health Canada, 1998). The Mental Health Policy Lens Questions include:

- Has the policy been developed in collaboration with those who will be most affected?
- Does the policy address the diverse needs, circumstances, and aspirations of vulnerable sub-groups within the senior population? Are any negative effects from this policy likely to be magnified for any of these groups?
- Does the policy acknowledge the multiple determinants of health?
- Does the policy consider accessibility?
- Does the policy support seniors’ social participation and relationships?
- Does the policy support seniors’ independence and self-determination?
- Does the policy support seniors’ dignity?
- Is the policy fair? Does it take into account the full costs and benefits of supporting the aspirations of seniors?
- Does the policy/program support seniors’ sense of security?
- Is consideration given to the cumulative impacts on later life of policies/programs targeted at earlier life stages? (MacCourt, 2004).

#### ***Elements of a Combined Seniors and Disability Lens Approach***

A combined disability and seniors lens can serve as a tool to assist in the development of an evaluation exercise to determine the extent to which a community is livable and inclusive of seniors with disabilities by highlighting the areas to be addressed. By applying a combined seniors and disability lens, the following areas become apparent:

- Social and economic participation: Do policies, programs and services for seniors with disabilities encourage participation in paid or volunteer work within the community and address inequalities which serve as barriers to such participation?

- Community involvement including civic participation and opportunities to develop community leadership: Do seniors with disabilities have equal opportunities to participate on community committees, boards, leadership positions, etc? What barriers exist to hinder this form of participation?

- A built environment that is based on universal design principles and is accessible using universal design principles and maximizing the use of public spaces and facilities to meet a variety of needs. Are environments based on universal design principals and encourage optimum use of public spaces?

- Social and physical environments have a direct correlation to overall health, well-being and quality of life of current and future generations: Are health and well-being programs and services available to seniors with disabilities?

- Affordable and accessible housing with a range of support services included where appropriate and eligibility criteria that is flexible and inclusive of the needs of both populations: Do policies, programs and services allow for a range of affordable and accessible housing choices with program eligibility criteria which are flexible to address varying situations experienced by people with disabilities who are aging and those aging into disability?

- Affordable, accessible and flexible transportation options are available: Do policies, programs and services support a range of affordable and accessible transportation choices which are flexible to address varying situations experienced by people with disabilities who are aging and those aging into disability?

- A range of home support options and support to caregivers is available to respond to a variety of situations and with eligibility criteria which is flexible: Do policies, programs and services offer a range of affordable and accessible home support options with program eligibility criteria which are flexible to address varying situations experienced by people with disabilities who are aging and those aging into disability?

- Cultural and spiritual programs are accessible to seniors with disabilities: Are church activities, cultural events such as theatre, concerts, etc. held in locations that are accessible to seniors with disabilities? Do programs take into account the cultural diversity of the population?

### **Conclusion — Recommendations from CCDS Research**

Roundtable discussions were held to identify the priority areas for consumers with long-term disabilities who are aging, service providers and policy makers in the fields of aging and disability. The series of roundtable discussions provided the research team with a snapshot of the current status with respect to policy, services and programs in the areas of seniors and disability and recommendations for next steps.

The results of the roundtable discussions revealed that:

- Seniors and people with disabilities fear that they will lose their independence, lose access to appropriate transportation, housing and support services, and eventually require institutional care;

- Aging with a disability is perceived as a “transition to less”;

- Due to the growing population of seniors and people with disabilities, the current public system is not equipped to meet the service demands;

- There are many good practices occurring across Canada; however the project findings highlighted where major gaps exist in relation to seniors and disability fields.

*Recommendations from Roundtable Discussions*

• **Develop livable and inclusive communities** through promotion of community participation and inclusion of all citizens. This approach requires the interconnection of government departments, grassroots organizations and the public to work together towards a common goal to improve the social, environmental and built environments for seniors with disabilities. Livable and inclusive communities are beneficial to all citizens.

• **Use an inclusive aging and disability lens** approach when making changes to national and provincial policy, programs and initiatives that include:

– **Poverty and Income** - There is a need for additional funding sources to assist people aging with a long-term disability to access social programs;

– **Language, Attitudes and Identity** – Due to the multi-cultural component of Canada there are many different perceptions of disability and aging. As a result, there is a need for common language and definitions when speaking about disability and aging to ensure a baseline of awareness and understanding of the issues;

– **Gender Issues** – There is a need to gain further understanding of the impact of gender and disability on senior women who, more often than men, live in poverty;

– **Disability Specific Issues** – There is a need to revise the age limits associated with eligibility criteria for programs and services as some people aging with disabilities have an accelerated aging process. In addition, there is a need for further study on the impacts of aging on people with intellectual disabilities, those aging who are deaf and the aging Aboriginal population who has a higher rate of disability and must leave their communities in order to access support services.

• **Develop national standards**, policies, frameworks and initiatives to address the changing needs of people aging with disabilities in Canada. These standards should be based on existing best practice structures and models rather than creating new standards. Many service gaps that exist in an urban setting are magnified in rural settings due to fewer resources. The standards would ensure that services would be portable/transferable between provinces and would enable people who need assistance to be eligible for basic services.

• **Develop an information and navigation system** as a single point of access to information in multiple formats with resources to navigate it (i.e. Independent Living Resource Centres and Service Canada). In order for this to be successful there must be inter-sectoral collaboration, a willingness to share information and resources, identification of common priorities, and effectively coordinated programs, services and policies.

• **Transform public transportation systems** to suit the needs of the population including the increased demand for accessible and affordable services by seniors. Public transportation in this case includes air travel, intra-inter provincial bus travel and increased transportation options available in rural areas. The transportation system needs to be designed with awareness of interconnections with housing, support services and the community as a whole.

• **Establish housing** that offers more options for accessible, visitable and affordable housing in public and private, single and multi-family housing stock. The housing needs should be designed with awareness of interconnections between transportation, support services and the community as a whole.

• **Provide support services** including formal health care such as home care and respite services and informal support, such as older parents and people with disabilities as caregivers. Additional resources such as training on emerging trends associated with aging and long-term disabilities should be available. Furthermore, there needs to be adequate funding for individuals to access assistive devices. Similar to housing and transportation, support services need to be designed with awareness of interconnections between housing, transportation and the community as a whole.

- **Build community capacity** through a public education process to raise awareness of aging and disability issues through consultations with senior's and disability organizations, academic, government and advocacy groups.

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### About the Canadian Centre on Disability Studies

The Canadian Centre on Disability Studies (CCDS) is a consumer-directed, university-affiliated centre dedicated to research, education and knowledge mobilization on disability issues. The Centre promotes full and equal participation of people with disabilities in all aspects of society. CCDS is guided by the philosophies of independent living and community living, emphasizing human rights, self-determination, interdependence, equality, a cross-disability focus, and full and valued participation in the community. Members of the disability community are key participants in directing CCDS policies and activities.