The afternoon knows what the morning never suspected.
– Swedish proverb

5. Our Fastest-growing Population: Community Vitality and the Elderly
Having access to a community, feeling connected to the rest of the world (both in terms of place and space), being involved in community and leisure activities, participating in events, having access to green space and natural light, engaging in physical activity – all of these have an impact on the well-being of the elderly. And as is gradually being acknowledged in Western society, the wisdom and knowledge of elderly residents contribute greatly to a community’s vitality and to its overall capacity for social innovation.

Life expectancy has increased significantly over the last hundred years. At the end of the 1800s, the average life expectancy in industrialized countries was approximately forty years old. Today, the percentage of people who live past eighty is on the rise. Indeed, for the period between 1960 and 2020, studies predict a 300% increase in the number of people living over the age of eighty. In developed countries, the elderly population is currently the most rapidly expanding, both because of an overall longer life expectancy and because of a decreasing birthrate. Over the next thirty years, the percentage of elderly people, in particular those over eighty-five years, is predicted to double. A report by the Canadian Institute of Wellbeing highlights that Canadians are currently living longer than ever. In 2005, 13% of the Canadian population was sixty-five years of age and over. By 2026, this proportion is expected to increase to 22%.

Social policies need to be both proactive and creative in the coming years if we are to meet the needs of the growing elderly population. New approaches and strategies are required to ensure the elderly have appropriate care and support that allows them to maintain a sense of freedom, independence and community, and that wherever possible enhances autonomy, thereby reducing health-care costs.

Here we’ll be examining how some of the key elements of community vitality – connectivity to people and community, accessibility to the built environment and accessibility to the natural environment – have a direct impact on the overall health and well-being of the elderly.

As discussed in the previous chapter, social capital refers to resources that are available to individuals and groups through community and social networks. Most of us can appreciate intuitively that social capital strengthens communities and, further, that it is a necessary ingredient for sustainable community development and community vitality. For the elderly, it may be especially crucial to continuing health and vitality.
Access to social capital allows the elderly to maintain independent lives while staying in touch with the world around them. This becomes ever more important as the elderly population increases throughout the world and in particular as more senior citizens live alone.\textsuperscript{141} However, at the same time, traditional forms of social capital have been shown to be decreasing as civic engagement and volunteerism become less prevalent in modern society.\textsuperscript{142} Widowed, divorced and single women living on their own have been among the more vulnerable groups of the elderly population due to lower income and less access to social capital.\textsuperscript{143} Housing and support systems for the elderly need to be developed that specifically aim to encourage access to social capital, ensuring autonomy and agency. There are numerous examples of co-housing models, such as the Prairie Sky Cohousing Cooperative and Urban Green Cohousing in Alberta; Fernwood Urban Village, Pacific Gardens and Vancouver Cohousing in British Columbia; Convivium Cohousing, Greater Kingston Cohousing and Toronto ecoHousing Community in Ontario; and Cohabitat Quebec, to name a few.

Enhancing social capital is almost non-negotiable if the ideal is to create a community context in which the elderly are able to remain in their homes rather than moving into care facilities. And indeed a large percentage of elderly people would prefer to have this option.\textsuperscript{144} An \textit{Ottawa Citizen} article published in 2011 discusses how home care for senior citizens living autonomously not only provides a better quality of life for seniors but is also much more cost effective than hospital care.\textsuperscript{145} Family members and friends are usually called upon to help with meals and cleaning to support the elderly who participate in home care. What this means is that it is primarily a solution for those who have access to various forms of social capital.

Santropol Roulant is an inspiring example of a community organization that attempts to foster social capital and build intergenerational community. Run by young people in Montreal, the program offers daily meals to seniors and individuals living with a loss of autonomy. Through their meals on wheels program, Santropol Roulant is actively creating trust and building bridges between individuals in a city where isolation among the elderly is the highest in Canada.\textsuperscript{146} A multiplicity of housing arrangements, cooperative and co-housing arrangements also need to be encouraged and supported, in order to build options that respect the diverse interests and lifestyle choices of the elderly. We need to start thinking beyond traditional retirement homes.

\textbf{Now let’s look more broadly} at the full built environment as experienced by the older people our communities. There are numerous aspects of the community environs that affect the well-being of the elderly: fear of crime, traffic, noise pollution, air quality, access to daylight, community spirit, social interaction, access to public green space, trustworthiness of neighbours, mobility, access to public
services, shops and facilities, and overall independence. These are all impacted directly or indirectly by urban form and the built environment.

Urban sprawl, in particular, can bring about negative physical and mental health effects for the elderly population. Mass public transit tends to be inaccessible or non-existent in areas of urban sprawl making it more difficult for the elderly to access services and community amenities. Clearly, such access is critical to sustaining connection to other people through day-to-day interactions, even if it's simply a matter of going to the neighbourhood store to buy the newspaper each morning.

Lack of access to public transportation creates barriers for all those who cannot drive or who cannot afford an automobile – low-income people, the elderly, as well as the physically impaired. For the elderly, the physical health implications of sprawl include less active lifestyles, respiratory issues and increased use of medication due to higher ozone levels and increased air pollution, and fatalities due to automobile accidents. There can also be mental and social capital implications that come with increased isolation and weakened community networks. Further, this isolation and lack of connectivity can negatively impact the mental acuity of the elderly, all together creating a vicious cycle of increasing loss of capacity – physical, psychological, mental and finally spiritual.

Heat stroke can be a severe problem for the elderly due to an increase in the urban heat island effect. Heat island effect stems from dark surfaces, including roadways and rooftops, absorbing heat from the sun and reradiating it as thermal infrared radiation (these surfaces can reach 50–70 degrees Fahrenheit warmer than the air). Where urban sprawl areas tend to lack trees and vegetation to provide natural shading and cooling, on warm days, heat island effect can cause urban areas to be 6–8 degrees warmer than the surrounding environment. The elderly are a high-risk population in terms of developing severe heat stroke, heat exhaustion, fainting, swelling or heat cramps during a heat wave, and consequently can be severely impacted by the heat island effect.

Physical barriers in the built environment, as simple as a high median between a retirement home and a nearby shopping plaza or community centre, can also impact the elderly's overall sense of well-being. Barriers can also include the absence of ramps for wheelchairs, lack of ramped curbs, and narrow doorways that cannot facilitate wheelchairs, walkers or scooters. Limiting access to transportation and public services can have an effect on a person's sense of autonomy, restricts them from getting physical activity and limits access to daylight and to a broader community. Inclusive, well-informed planning can go a long way to addressing and reducing inequalities in access to public transportation and public services for different socioeconomic and vulnerable groups including the elderly.
Planners, architects and engineers need to design for the needs of all community members. Inclusive design is fundamental to creating healthy, vibrant communities that promote social capital and meet the needs of vulnerable groups including the elderly and disabled: “it encompasses where people live and the public buildings they use, such as health centres, education facilities and libraries; and how they get around – neighbourhoods, streets, parks and green spaces and transport”.

Consultation and participatory process are crucial when designing for this growing segment of our communities.

Last, but by no means least, in our consideration of community vitality and the elderly: accessibility to the natural environment. Different studies have emphasized that levels of comfort, sense of dignity, hope, enjoyment, self-esteem, life satisfaction and fulfillment are impacted by accessibility to the natural environment. Creating a flexible environment with outdoor views, gardens, courtyards, patios with rails, walkways able to accommodate walkers and wheelchairs, residential amenities, and areas for intergenerational activity including playgrounds – all of these can increase the quality of life of the elderly and help to encourage walking. Exposure to the outdoors has been linked to increases in vitamin D intake. And the opportunity to observe wildlife and the outdoors is fundamental to the regenerative experience, helping to encourage memoire of past environments, maintain mental activity and stimulation, and decrease boredom.

The Oxford Institute for Sustainable Development conducted a study focusing on the well-being of the elderly in which they discovered that overall satisfaction with one’s neighbourhood as a place to live is greater where there is access to public green space. Other recent studies have found that the use of public spaces increases with the presence of greenery, that social ties in a neighbourhood are positively impacted by the presence and views of green common space, and that a positive link exists between the social integration of the elderly in a neighbourhood and their use of public green space. The longevity of urban senior citizens has also been found to increase with access to walkable green space near their place of residence.

Encouraging physical fitness and exercise is key to increasing overall health among elderly people. Oxygen uptake and flexibility both increase with physical activity, and it has also been proven to increase psychological and spiritual health. According to Nina Morris, “physical activity in the natural environment not only aids an increased life-span, greater well-being, fewer symptoms of depression, lower rates of smoking and substance misuse but also increases ability to function better at work and home”. Participation in a weekly group exercise program can also improve balance and can help reduce falls.
Despite the numerous benefits of exercise, there is a strong decline in physical activity as people age, usually more pronounced for women than for men. Existing barriers include a lack of transportation or money, lack of time, a perceived lack of public facilities and programs for the elderly, and ageism. Ageism is particularly invidious, as older people are often under-valued in a society where marketing and sales are targeted at a youthful, slim and fit marketplace.

**An engaged, active elderly population** can make a significant contribution to our communities. We need to address existing barriers and create social policies that emphasize thriving rather than merely surviving. Access to transportation, public services, amenities and facilities can help maintain a sense of autonomy and a connection to people and place contributing to both the vitality of the elderly person and the community in which they live. Access to green space and wildlife can increase physical activity and stimulate memories, as well as provide space for reflection and connectivity to diverse groups of people. Well-informed, inclusive planning can help to address environmental barriers experienced by the elderly as well as reduce inequalities that exist with regards to access to green space, public transportation and public services. Social policies designed to support the needs and overall well-being of the elderly are critical in order to encourage community vitality. Finally, the wisdom and knowledge of the elderly is a critical human capital that needs to be valued, supported and encouraged, helping to optimize their contribution to social innovation, to the benefit of communities everywhere.