

# FORUM 2016

## AGE-FRIENDLY BUSINESS INITIATIVE

MAY 2-4 • OTTAWA

### REPORT

**THE MAIN  
CHALLENGES  
FOR BUSINESSES  
ADAPTING TO  
THE AGING  
POPULATION.**

Event produced jointly by:



International Longevity Centre Canada



uOttawa

Faculty of Health Sciences  
Faculté des sciences de la santé

**Faculty of Health Sciences**  
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# 1. Introduction

This Forum on the topic of age-friendly businesses is the result of a joint effort by the University of Ottawa Faculty of Health Sciences and the International Longevity Centre (ILC) Canada, which is located at the University of Ottawa.

This Forum was very special in that it was the first time decision makers from large private corporations, the public sector and research came together to discuss one of the greatest challenges we are facing: **the demographic transformation caused by aging populations, which is already upon us.** We need to understand the effects while creating an environment adapted to the needs of older populations.

**This applies especially to major business and/or service sectors:** transportation, healthcare institutions, financial institutions, housing (from private homes to retirement residences), retail sales, and, more generally, the adaptation of workplaces themselves.

**Population aging is now well documented:** the distinguished speakers who opened the Forum reminded us how impactful this situation is and how it is accelerating.

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*In 2036, 25% of the population of Canada will be 65 years or older, and the fastest growing population segment today is the cohort of people 85 years and over.*

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Population aging has arrived! It's not a prediction anymore! Every second, two people around the world celebrate their 65<sup>th</sup> birthday.

The idea behind the Forum is to move from a relatively description-focused perspective to a more intervention-oriented perspective. Now we need to work together as partners to find new solutions and identify truly interdisciplinary responses.

*The question now is:*

*“How can I, as an industry stakeholder or Public official or researcher, integrate this situation into my work and modify the services I provide and even develop new services for this client base, which has specific needs and which also often has a high purchasing power?”*

The purpose of the Forum was to initiate this shift from the general to the specific.

We would like to sincerely thank everyone who gave their time and participated in an open and animated discussion on how to organize our thinking about and approaches to the most pressing issues. Attached is a list of everyone who helped us with their valuable contributions to these issues over the two days. The present report reflects these discussions and offers a starting point for future endeavours. Other business sectors may wish to explore factors that have not been highlighted in this report.



## 2. Context

### *Benefitting from the longevity transformation*

ILC Canada and the University of Ottawa Faculty of Health Sciences are looking for partners for a three-year program **to help the private sector better take into account the aging of the Canadian population as a significant market force**. This is a true partnership, with each partner contributing to identifying and implementing new solutions.

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*In Canada,  
there are more seniors than  
youth under 14 years old.*

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The first “Age-Friendly Business” initiative brought the private sector, government, researchers and the Canadian public together for the first time to define policies, strategies and best practices for an older workforce and older consumers.

The goal of this initiative is to perform pragmatic research and policy analysis in order to find promising solutions. In this way, businesses will no longer waste their efforts implementing strategies that are unlikely to resonate with baby boomers.

The initiative will propose public policy reforms to encourage and support age-friendly businesses.

At the World Economic Forum, held each year, the importance of helping the private sector adapt to changing demographics was recognized and principles were developed to make businesses more age-friendly.

This 2016 initiative is part of a three-year program that will make Canada a leader in applying these principles.

### *At the forefront*

ILC analysts, researchers and graduate students in Health Sciences and other faculties participated in this initiative with experts in Canada and abroad.

ILC Canada is an independent policy Think-tank at the University of Ottawa Faculty of Health Sciences. It is one of 17 members of the ILC Global

Alliance, which helps societies address aging in productive ways.

The Faculty of Health Sciences is a leader in research on aging. Its expertise focuses on the physical and cognitive changes that come with this demographic transformation as well as on the possible adaptations that facilitate trajectories throughout the lifespan.

One of the 10 largest research universities in Canada, the University of Ottawa makes every effort to find concrete solutions to the challenges Canada will face in the coming years.

### *Set priorities for research and policy*

The initiative was launched at a Forum held in Ottawa from May 2 to May 4. The Forum was co-chaired by Margaret Gillis, President, ILC Canada, and H el ene Perrault, Dean of the Faculty of Health Sciences. The goal was to shed light on the myths surrounding aging and benefit from the longevity transformation. Allan Rock, President of the University, highlighted the importance of the issues and results of the Forum. Jean-Yves Duclos, Minister of Families, Children and Social Development, whose mandate includes seniors’ wellbeing, delivered the opening speech. Alexandre Kalache, an expert in aging with ILC Brazil and advisor to the World Economic Forum, gave the keynote address.

Over the two days of the Forum, participants worked on defining the main factors and setting priorities for research and policy development. How can airports and train stations be more welcoming to seniors? How can services be adapted to meet the diverse needs of this population? What policies and practices can help businesses keep older workers motivated? These are some of the questions participants explored and attempted to answer under this initiative.

# 3. Objectives of the Forum

## *4 key objectives of the Forum:*

- Identify the most important areas for new knowledge (research) for developing complete age-friendly businesses;
- Identify the most important areas for policy development that will ensure the creation of age-friendly businesses;
- Obtain suggestions for action from the participants and identify clear outcomes;
- (Post-Forum ) Develop a 3-year plan of action.

## *Eye-Opening Facts on Aging and Older People*

- 1. In Canada, there are more seniors 65+ in the population than children under 15.**  
Statistics Canada (2015) Population estimates: sex and age.
- 2. Most seniors have few functional limitations until their mid-80s.**  
Statistics Canada. Canadian Community Health Survey – Healthy Aging, 2008-2009
- 3. 76% of Canadians 65+ report at least 1 chronic condition, compared with 50% of Canadians 45-64.**  
Canadian Institute for Health Information (2011). Health care in Canada 2011. Focus on seniors and aging. Ottawa: CIHI.
- 4. Intellectual performance in older adults has been improving over successive generations.**  
Skirbekk, V., Stonawski, M., Bonsang, E., & Staudinger, U. (2013). The Flynn Effect and population aging, *Intelligence* 11, 169-177
- 5. Older people are perceived as more competent in countries in which older people participate in paid or volunteer work.**  
Bowen, E. & Skirbekk, V. (2013). National stereotypes of older people's competence are related to older adults' participation in paid and volunteer work. *Journal of Gerontology, Series B- Psychological Sciences and Social Sciences*, 68, 974-983
- 6. Early retirement has been shown to have a significant negative impact on the cognitive ability of people in their early 60s.**  
Rohwedder, S. and Willis, R. (2010). <<Mental Retirement>> *Journal of Economic Perspectives* 2010 Winter; 24(1): 119-138
- 7. Productivity among older workers has grown considerably in the past 2 generations.**  
G. Burtless (2013). The Impact of Population Aging and Delayed Retirement on Workforce Productivity. Centre for Retirement Research of Boston College
- 8. After 20 years of decline, Canada's elderly poverty rate rose between the mid-1990s and later 2000s.**  
Conference Board of Canada (2011). «Elderly Poverty»

## 4. Key Findings

In this section, we present the key findings emerging from our discussions. The results arose from informal discussions where the methodology was designed to generate and collect ideas as well as to determine priorities for this multi-sectorial group. They are by no means meant to be exhaustive. While a more detailed version of the factors reported is presented at the end of this document, the following tables speak to the convergence of some of the results around priority themes.

During the first day of sessions, the discussions were captured, summarized into 32 factors and then regrouped around 5 major priority sectors. The conclusions were drawn from (1) the review of the discussion summaries produced by the 5 note takers and (2) the concerns written by participants throughout the day on post-it notes. On the second day, the 32 factors and 5 priority sectors were presented to the participants and validated. Participants were then asked to “vote” about the factors that were the most important in becoming age-friendly businesses, first individually, and then following small group discussions. Following discussion, the approach was adjusted to allow participants to prioritize the factors either with the aging person in mind or with the business perspective as the driver of their vote.

*The 5 priority sectors were:*

- Transportation
- Health Institutions
- Financial Institutions
- Home-Residence continuum
- Workplace and the aging worker. This was dropped as a distinct category because it became apparent that workplace and aging workers in all sectors.

**The 32 factors to be considered for each of the sectors were:**

agism, staff training, personal functional limitations, emotional reactions, cultural aspects, operational regulations, education/advocacy, human touch, choice, individuality, organizational challenges (inertia to change), economic issues, process, labour relations, adapted physical environment-accessibility, socially supportive environments, integrated networks, technological adaptations, government policy, age threshold, human resources, issues of self-identification, health system navigation, mentorship, living laboratory, cohort effects, work-caregiver balance, learning from other groups, identifying champions for age-friendly businesses, access to toolkit, including seniors in decision making, and ethical motivation. *Descriptions of these factors can be found in Appendix 4.*

**For all sectors: many priority factors apply to several or all broad sectors discussed.**

Individual participants chose to assess each of the factors either from the perspective of the older person (client or worker) experiencing the issue, or from the perspective of the business enterprise. Whether voting individually before a group discussion or after group discussions, participants focused their top 4 priorities considering the following factors, regardless of sector:

1. Improve staff training so they have the knowledge and skills to respond to the needs and preferences of older clients, co-workers and employees.
2. Understand how businesses are affected by changing personal functional limitations, which can often be encountered in an older population. These include, changes in sensory, physical, and cognitive capacities, as well as mental health issues.
3. Reduce ageist attitudes in dealing with older consumers and older workers.

“Youth  
has no Age.”

— Pablo Picasso

4. Find creative solutions for adapting physical environments to be more age-friendly such as improving accessibility, wayfinding and comprehension of auditory and visual messaging.

Through individual votes, the participants stressed the importance of evaluating the costs related to accommodating compared to not accommodating to the older population. An interest in adopting technological solutions to make businesses more age-friendly became more evident following the group discussions.

The discussions concerning older workers elicited slightly different priorities than those for older clients/consumers. Agism was seen as a particularly important issue to solve and was reflected in, among other things, labour relations. Importance was placed on public education and advocacy as well as on providing an economic analysis of the inclusion of older workers.

**For certain sectors, specific needs have been identified in addition to those mentioned above. The priorities are as follows:**

- **Transportation:** the transportation sector would require special attention to regulatory issues
- **Healthcare Institutions:** Health system navigation
- **Financial Institutions:** Staff training and a wider choice of financial products geared for seniors
- **Housing** (from private homes to retirement residences): Economic issues and individuality
- **Workplace:** Addressing the economic issues related to adapting to the older worker and consumer

*You don't stop laughing when you grow old, you grow old when you stop laughing.*

— George Bernard Shaw



When we bring together all those elements, we can identify potential cross-cutting ideas responding both to some of the general factors identified as well as specific sector issues. Those will be given special attention in the Action Plan that will result from the Forum.

**Some of the more striking examples of cross-cutting ideas are:**

- Staff training is important in all sectors: efforts deployed in that direction would yield many potential outcomes.
- Personal limitations are an important issue everywhere except in health; this is to be expected since personal limitations are often the reason for health interventions rather than a barrier to service.
- Human touch is important. The importance participants gave to the need for human contact in working with older consumers and workers was striking. Technology, while important, could be used in service of a person-to-person approach rather than as a substitute.
- In order to present a compelling business case, economic analysis is of utmost importance to understand opportunity costs of not becoming age-friendly.
- In the transportation industry, government regulatory bodies must be at the table because regulations govern many aspects of the transportation experience.
- Physical adaptations as well as social supports are needed in the home setting, and a greater focus is needed in physical adaptation of all forms of transportation.

## 5. Conclusion and Next Steps

Using the results obtained, the Faculty of Health Sciences and ILC-Canada will assess the priorities and prepare a discussion guide to be used in talks with potential future partners.

**We are looking for partners to participate in this initiative and support it over the next three years. Some of the results presented below suggest possibilities for collaboration. But there are other possibilities. If our discussions lead us to other projects, we will be happy to explore them with all interested partners. We are open to all good ideas!**

### **Here are some of the next steps:**

1. Research on public opinion, including through focus groups;
2. Literature review and summary of best practices around the world;
3. Research on assistive and accessible technologies;
4. Development and testing of innovative, age-friendly ways to generate the necessary



structures, processes, services and technologies;

5. Future working groups, workshops, panels and presentations in workplaces and public spaces.

Together, we will develop a national Action Plan and guide the changes required for Canadian society to adapt successfully to aging. The initiative will help provide better products and services to Canadian seniors, thus improving the quality of life of millions of people and allowing us to prosper in a time of profound demographic change.

*More specifically, the choice of projects will be reviewed in light of the following questions:*

- Level of interest;
- Availability of expertise to advance knowledge (theoretical and practical);
- Probability of success;
- Significance of the anticipated impact;
- Potential of finding sources of funding;
- Implications for and dependence on public policy.

**This work will result in an Action Plan to be presented to stakeholders.**

This will take place in the second half of 2016.



# APPENDIX 1: Agenda of the Forum

*MONDAY, MAY 2 – Starting at 6 pm*

Ottawa Salon (Shaw Centre, 55 Colonel By Drive)

**WELCOMING REMARKS:**

Mr. Allan Rock, President and Vice-Chancellor, University of Ottawa.

The Honourable Jean-Yves Duclos, Minister for Children, Families and Social Development.

Ms. Margaret Gillis, President, ILC Canada, and Dr. H  l  ne Perrault, Dean, Faculty of Health Sciences.

**DINNER AND PUBLIC KEYNOTE ADDRESS:**

*Capitalizing on the Longevity Revolution: Individuals, Society and Business.*

Keynote Speech by Dr. Alexandre Kalache, President, ILC Brazil and Co-President, ILC Global Alliance; adviser to the World Economic Forum.

*TUESDAY, MAY 3 – Starting at 8 am*

Room 4007, Faculty of Social Sciences (120 University Private)

**Aging and Impact on Business**

Three groups will address prevalent issues regarding aging consumers and workers. Individuals in these groups will comprise national and international academic experts, industry leaders and senior government officials.

*Moderator: Tim Hutchinson*

8:00 – 8:30 am **Welcome and Registration**

8:30 – 9:00 am **Introduction**

Ms. Margaret Gillis, President ILC Canada, and Dr. H  l  ne Perrault, Dean, Faculty of Health Sciences.

Dr. Greg Taylor, Chief Public Health Officer of Canada will speak on the topic of the role of the Public Health Agency of Canada in aging.

9:00 – 9:30 am **SESSION 1: Setting the stage: Is aging all about decline, disease and dependency?**

Dr. Gloria Gutman, Vice-President, ILC Canada

*What do we know about aging, individual variability and capacity for change?*

Mr. Stephen Bent, Executive Director, Seniors Health Promotion and Business Integration, Public Health Agency of Canada

*What does PHAC do to promote health aging and preventing decline?*

Dr. Martine Lagac  , Associate Professor, Department of Communication, Vice-Dean, Governance and Secretary, Faculty of Arts

*What is the impact of agism?*

Ms. Patricia (Trish) Barbato, Senior Vice President, Innovation and Strategic Partnerships, Revera: Retirement Living and Long-term care services.

*Why should we care about having age-friendly businesses?*

9:30 – 10:00 am **Forum discussion with participants – impact of aging**

10:00 – 10:15 am Health Break

10:15 –10:40 am **SESSION 2: Are older consumers a niche market? How can we be ready for current and future aging consumers?**

*What we have learned about our older consumers and how they have responded? What are the challenges we see ahead with the next generation of aging consumers?*

Mr. Jean-François Pigeon, Past Director, Customer Experience and Innovation Leader, Aéroports de Montréal.

Mr. Stuart Walsh, Head of School, Le Cordon Bleu Ottawa Culinary Arts Institute

Dr. Heidi Sveistrup, Professor, School of Rehabilitation Sciences, Faculty of Health Sciences

*How can we adapt to older individuals' functional limitations? What is the difference between a strategy or a tool that is usable versus useful? What do we really mean by universal design?*

Mr. Dinis Cabral, President, JLG Health Solutions

Mr. Rob Taylor, Vice-President Government Relations, Tourism Industry Association of Canada (TIAC).

10:40 am–  
12:30 pm **What have we learned about the commercialization of products for seniors and our partnerships with academics?**

12:30 – 2:00 pm **Forum discussion with participants – the mature consumer**

2:00 – 2:20 pm Working Lunch

2:20 – 2:30 pm **SESSION 3: How can an aging workforce bring value to employers? How can employers capitalize on the strengths of an intergenerational workplace?**

Dr. Marcel Mérette, Associate Professor of Economics and Dean, Faculty of Social Sciences, University of Ottawa

*How is an older workforce vital for the economy?*

Mr. Eric Michaud, Director of the Economic Analysis Division, Employment and Social Development Canada.

*How are older workers faring in the labour market?*

Dr. Ruth Finkelstein, Associate Director of the Robert N. Butler Columbia Aging Center, Columbia University, New York City

*What can we learn from the Age Smart Employer Program in New York City and what can be said about the value added of older workers?*

Ms. Jackie Froendt, Human Resources Director, Home Instead Senior Care, Omaha, Nebraska.

*What has been learned from implementing an age-friendly human resources program in a multinational organization?*

2:30 – 4:00 pm Health Break

4:00 – 4:30 pm **Forum discussion with participants – the older worker**

Mr. Nik Nanos, President and Chief Executive Officer, Nanos Research

4:30 – 4:45 pm **Closing remarks:**

Ms. Margaret Gillis, President ILC Canada, and Dr. Hélène Perrault, Dean, Faculty of Health Sciences.

*WEDNESDAY, MAY 4 – Starting at 8:30 am*

Room 4007, Faculty of Social Sciences (120 University Private)

### **Towards an Age-Friendly Business Action Plan**

Participants will break into groups to explore an issue that concerns them, including gaps in evidence and existing models of practice. There will be two rounds, allowing participants to discuss two issues.

8:30 - 9:00 am **Welcome and Registration**

9:00 - 9:20 am Dr. Louise Plouffe, Director of Research, International Longevity Centre – Canada:  
**Synthesis of key areas and issues from the day before.**

9:20 - 9:40 am Dr. Linda Garcia, Professor and Vice-Dean, Governance and Secretary, Faculty of Health Sciences, University of Ottawa:  
**Presentation: Interdisciplinary Research Institute for Longevity, Functioning and Autonomy.**

9:40 – 11:00 am **Small group discussions: Specific Issues and Avenues for Action**

11:00 - 11:15 am Health Break

11:15 am – 12 pm **Plenary Presentations – Participants share the results of their discussions.**

12:00 – 1:00 pm Working Lunch

1:00 – 3:00 pm **Setting an action plan for Research and Policy.**

Plenary discussion to establish consensus on key issues and players from each sector, actions required, time frames and considerations.

3:00 pm **Closing:**

Ms. Margaret Gillis, President ILC Canada, and Dr. H el ene Perrault, Dean, Faculty of Health Sciences.

*Grow old with me!  
The best is yet to be.*

*– Robert Browning*

# APPENDIX 2: Biographies of Keynote Speakers and Forum Co-Chairs

*May 2, Opening Night*



**Dr. Alexandre Kalache**  
Co-President, International Longevity Centre (ILC) Global Alliance  
President, ILC Brazil

Guest speaker is Dr. Alexandre Kalache, Co-President of the International Longevity Centre Global Alliance and worldwide adviser on aging issues to governments, the private sector and civil society organizations.

His expertise is in the epidemiology of aging & the life-course, inter-sectoral policy development (including age-friendly initiatives), health promotion, old-age care, human rights and migration within the context of aging as well as the more general cultural complexities of the world-wide longevity revolution.

Dr. Kalache has been a leading pioneer in aging issues for close to forty years in various roles: as academic, international civil servant and advocate. His was one of the very earliest voices to articulate the global nature of population aging, together with the potentialities and the risks through inaction inherent within it. His contributions toward the shifting of the traditional paradigms in the field of aging are widely acknowledged on the global stage.

From 1995 to 2008 Dr. Kalache directed the World Health Organisation's global programme on aging in Geneva. He conceived and launched the *WHO Active Aging Policy Framework* (2002) and the *WHO Age-Friendly Cities project* (2007). He is also actively involved in the process toward the adoption of a United Nation's Convention for the Rights of Older Persons. He has served as a Special Adviser to the Brazilian Secretary of Human Rights, Brazilian Mission to the UN in New York in addition to the International Alliance of NGOs for the Rights of Older Persons.

*May 3, Forum*



**Dr. Gregory W. Taylor, BSc, MD, CCFP, FRCPC**  
Canada's Chief Public Health Officer

Dr. Gregory Taylor is Canada's Chief Public Health Officer, appointed on September 24, 2014.

Dr. Taylor obtained his MD from Dalhousie University in Halifax where he also completed a family medicine residency. After several years in active primary care in Ontario, he completed a fellowship in Community Medicine at the University of Ottawa and joined Health Canada's Laboratory Centre for Disease Control. His initial responsibilities focussed on cardiovascular disease and he has been involved with a wide range of Federal chronic disease activities.

He joined the Agency's Office of Public Health Practice in 2007, with primary responsibilities focussed on building public health capacity in Canada, and a number of key leadership roles within the Agency and in the Public Health Network.

Dr. Taylor became the Deputy Chief Public Health Officer in 2012 directly supporting the Chief Public Health Officer and Associate Deputy Minister.

He maintains his connection with the University of Ottawa as adjunct professor of Epidemiology and Community Medicine.

## Opening remarks



**Jean-Yves Duclos**  
Minister of Families,  
Children and Social  
Development

Jean-Yves Duclos was Director of the Department of Economics and a tenured professor at l'Université Laval. As a well-published author, conference speaker, and renowned economics expert, he was often asked to comment on current events in Quebec and Canada.

In addition to his professorial duties, Jean-Yves held the Industrial Alliance Research Chair on the Economics of Demographic Change, served as Vice-President of the Canadian Economics Association, and was a member of the *"Institut sur le vieillissement et la participation sociale des aînés"*. He was also Vice-President and Fellow of the *"Centre interuniversitaire de recherche en analyse des organisations"*, Senior Fellow of the *"Fondation pour les études et les recherches sur le développement international"* and Fellow-in-Residence at the C.D. Howe Institute. Lastly, Jean-Yves is co-founder of the Poverty and Economic Policy Research Network (Partnership for Economic Policy, PEP).

Jean-Yves earned a Bachelor of Arts in Economics (First-Class Honours) from the University of Alberta, and his master's and doctoral degrees in Economics from the London School of Economics and Political Science. He has been rewarded for relentless hard work with prestigious grants, the *Société canadienne de science économique's prix Marcel Dagenais*, and the Harry Johnson Award for best paper published in the *Canadian Journal of Economics*. In 2014, Jean-Yves was elected a Fellow of the Royal Society of Canada, the highest accolade bestowed on Canadian researchers.



**Allan Rock**  
President and Vice-Chancellor,  
University of Ottawa

In July 2008, Allan Rock became the University of Ottawa's 29th President and Vice-Chancellor since its foundation as Bytown College in 1848. He is a three-time University of Ottawa alumnus having graduated from the University of Ottawa High School before completing a Baccalaureate in Arts in 1968 and a law degree in 1971. His political career also had its roots at the University of Ottawa where he was elected president of the student federation in 1969.

In 1993, he was elected as the Member of Parliament for Etobicoke-Centre and named Minister of Justice and Attorney General of Canada. In that capacity, he introduced significant improvements to the Criminal Code, the Canadian Human Rights Act and other federal legislation.

Allan Rock became Minister of Health in 1997, where he spearheaded the creation of the Canadian Institutes of Health Research (CIHR) and more than doubled annual health research funding on a national scale.

Subsequently, as Minister of Industry and Minister of Infrastructure, he introduced Canada's innovation strategy, was responsible for Canada's three granting councils and introduced legislation to create the Pierre Elliott Trudeau Foundation to promote applied research in the social sciences and the humanities.

Allan Rock was appointed Ambassador of Canada to the United Nations in December 2003. As the voice of Canadians at the United Nations, Allan Rock was an outspoken advocate of human rights, human security and reforming the UN.

*"Our population is aging—we need to dispel myths about older workers and encourage age-friendly businesses that support, attract and retain older workers so they can continue to contribute to our economy and our communities. Our government recognizes the important contributions of older Canadians in our country, and we will continue to work with partners and stakeholders in building a secure future for all Canadians."*

— The Honourable Jean-Yves Duclos, Minister of Families, Children and Social Development

*May 2, Opening Night*



**Dr. Hélène Perrault**  
Dean, Faculty of Health Sciences,  
University of Ottawa

In August 2013, Dr. Hélène Perrault joined the University of Ottawa as Dean, Faculty of Health Sciences. Before joining the University of Ottawa, Dr. Hélène Perrault was a professor of clinical exercise physiology at McGill University where she served in several administrative positions, namely Dean of the Faculty of Education (2008-2013), Associate Provost (Planning and Budgets) (2006-2008) and Department Chair, Kinesiology and Physical Education (1999-2006) as well as serving on McGill University's Senate and chairing several subcommittees. Throughout her various roles at McGill University, Dr. Perrault has been instrumental in the implementation of major undergraduate and graduate academic program revisions, administrative reforms, academic renewal initiatives as well as fostering cross-disciplinary interactions across several university faculties.

Dr. Perrault's research career spans nearly 30 years, first as a research associate in the Department of Cardiology and Respiratory Medicine of Ste-Justine Pediatric Hospital and more recently in the Department of Medicine as Medical Scientist in the (Respiratory Clinical Research Unit (RECRU) of the Montreal Chest Institute of the McGill University Health Centre.

Dr. Perrault has, and continues to foster academic and research collaborations between exercise sciences and medicine for health promotion, advancement of knowledge, and the development of therapeutic modalities and applications.



**Margaret Gillis**  
Founding President  
of ILC Canada

A highly respected, innovative former public sector executive with over 30 years of experience in the fields of health promotion, protection and programming for the aged, women, and children at risk. A unique combination of skills, experience, passion for progress and business transformation.

Career accomplishments showcase fresh insight and new perspectives in reform, governance and accountability regimes, and service delivery and performance measures/results. Exceptional networking skills, including consensus building with high-level external partners to influence and advocate for vulnerable people. A leadership style that is inspirational, collaborative, and results-oriented. Unique expertise and participation with federal government Cabinet decision-making process and Parliamentary and Senate Committees. Strong representational skills at the international level.



# APPENDIX 3: List of Participants

Owen ADAMS, Canadian Medical Association	Mona GHANNAD, Community Member	Eric MICHAUD, Employment and Social Development Canada (ESDC)
Marie AGAPITOS, University of Ottawa	Gail GILLIS, Community Member	Nancy MILROY-SWAINSON, Employment and Social Development Canada (ESDC)
Illimar ALTOSAAR, University of Ottawa	Margaret GILLIS, ILC Canada	Sayward MONDOGUE, Federal Retiree
Adatia AMIN, Investors Group	Patrick GILLIS, ILC Canada	Philip MONDOR, Community Member
Caroline ANDREW, University of Ottawa	David GOSSE, Employment and Social Development Canada (ESDC)	Michael MULLIN, Scotiabank
Peter ATKINSON, National Association of Federal Retirees	Rafik GOUBRAM, Community Member	Rajiv MURADIA, Mobile Wellbeing Inc
Steve BALL, Ottawa-Gatineau Hotel Association (OGHA)	Miriam GOUBRAN, University of Ottawa	Linda MURPHY, Community Member
Trish BARBATO, Revera Living	Ryan GRAHAM, University of Ottawa	Nik NANOS, Nanos Research
Amada BARRESI, Neil Squire Society	Shirley GREENBERG, Community Member	Elle NGUYEN, Le Cordon Bleu Ottawa
Charlotte BELL, Tourism Industry Association of Canada (TIAC)	Jerry GREY, Community Member	Stephen NICHOLL, Palmerston Bay Inc.
Stephen BENT, Public Health Agency of Canada (PHAC)	Renée GUENETTE, University of Ottawa	Kathie PADDOCK, Public Health Agency of Canada (PHAC)
Sarah BERCIER, The Council on Aging	Gloria GUTMAN, ILC Canada / Simon Fraser University	Marco PAGANI, Ottawa Community Foundation
Erin BINKS, Canadian Association of Family	Alan HAMILTON, Boehringer Ingelheim	Helene PERRAULT, University of Ottawa
Stephane BISSON, Keller Williams Real Estate Broker	Hope HARRIS, Public Health Agency of Canada (PHAC)	Jean-Francois, PIGEON Montreal Airports
Beverly BLANCHARD, Native Women Association of Canada	Peter HOLMAN, Summerside, PEI	Louise PLOUFFE, ILC Canada
Helene BOURDON, Conseil des Ecoles Catholiques du Centre-Est	Ashley HOPKINS, Paradigm Investments	Ken PLUMMER, Worldcrest Realty Inc.
Heather BRADLEY, Community Member	Simone HOPKINS, Global Institute for Coaching Excellence	Simone POWELL, Public Health Agency of Canada (PHAC)
James BRADLEY, Community Member	Dagmar HORSMAN, The Council on Aging	Muhammad QURESHI, University of Ottawa
Satya BRINK, Community Member	Tim HUTCHISON, ILC Canada / Carleton University	Kiran RABHERU, The Ottawa Hospital and Elisabeth Bruyère Continuing Care
Hugh BRODIE, University of Ottawa	Joe IRVINE, University of Ottawa	Annie ROBITAILLE, Community Member
Lauren BROOKS-CLEATOR, University of Ottawa	Jeremy IRVING, Community Member	Lutz RODRIGUEZ, Community Member
Jennifer BRUNET, University of Ottawa	Nazira JAFFER, Ontario Shores Centre for Mental Health Sciences	Anna ROMANO, Public Health Agency of Canada (PHAC)
Audrey BUFTON, Community Member	Thomas JELLEY, Sodexo Institute for Quality of Life	Linda ROUTLEDGE, Canadian Bankers Association
Andrew BURPEE, Community Member	Nadine JODOIN, City of Ottawa, Strategic Community Initiatives	Kevin SAMPSON, Investors Group
Dinis CABRAL, Urbanlux	Paulette JOHN, Native Women Association of Canada	Benoit SEGUIN, University of Ottawa
Albert CAPONI, Montreal Airports	John JOHNSON, The Council on Aging	Maureen SINDEN, Maureen Sinden Executive Search
Sylvain CHARBONNEAU, University of Ottawa	Alexandre KALACHE, ILC Brazil / ILC Global Alliance	Lori STERLING, Employment and Social Development Canada (ESDC)
Lucie CHENEVERT, The Council on Aging	Jennifer KEMP, Accenture	Leslie SULLIVAN, Home Instead
Marcel CHENEVERT, The Council on Aging	Glen KENNY, University of Ottawa	Heidi SVEISTRUP, University of Ottawa
Olivia CHENG-BOIVIN, University of Ottawa	Maureen KIDD, International Monetary Fund (IMF)	Jane SWAN, Public Health Agency of Canada (PHAC)
Simone CHOY Global, Institute for Coaching Excellence	Frank KNOEFEL, Family Medicine	Wendy SWORD, University of Ottawa
Jim CHUNG, Air Canada	Dan KOLUNDZIC, Nanos Research	Lucie TASSÉ, Lucie Tasse - Coach d'affaires
Amy D'APRIX, Essential Conversations Project	Adrian KUPESIC, Revera Living	Rob TAYLOR, TIAC (Tourism Industry Association of Canada)
Pauline DARLING, University of Ottawa	Martine LAGACÉ, University of Ottawa	Gordon TAYLOR-LEE, FleishmanHillard
Lisa DAVEY, OutCare Foundation	Kerry LAKE-KEALEY, Employment and Social Development Canada (ESDC)	Guy THIBAUT, University of Ottawa
Barbara DAVIES, University of Ottawa	Mario LAMONTAGNE, University of Ottawa	Sharon THOMAS, Transport Canada
Matt DEL VECCHIO, Lianas Services	Paul L'ARCHEVÊQUE, CapCOGITO	Lok VARAIK, Community Member
Marie DES ANGES LOYER, University of Ottawa	Raymond LEBLANC, University of Ottawa	Marc VILLENEUVE, University of Ottawa
Vincent DESGAGNE, Employment and Social Development Canada (ESDC)	Linda LEDUC, Alzheimer Society of Ottawa and Renfrew County	Michel VINCENT, Community Member
Jeff DILWORTH, The Ottawa Hospital Research Institute	Tim LETHBRIDGE, University of Ottawa	Stuart WALSH, Le Cordon Bleu Ottawa
Kevin DOUCETTE, Canadian Medical Association	Catherine LINDQUIST, The Council of Heritage Organizations in Ottawa	Wayne WARREN, Gowling WLG
Catherine DREW, Employment and Social Development Canada (ESDC)	Anna Maria LUPONIO, Employment and Social Development Canada (ESDC)	Claire WEBSTER, Caregiver Crosswalk Inc
Alexandre DUMAS, University of Ottawa	Sandra MACLEOD, Employment and Social Development Canada (ESDC)	Neil WILSON, NavCanada
Martha FAIR, Age-Friendly Ottawa	Lynn MACSWEEN, Community Member	Nicole WILSON, Acart Communications
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Kyle FERGUSON, Ottawa Senators Club	Megan MARTIN, Iversoft	Brad YOUNG, University of Ottawa
Judy FIELD, Healthwise Ottawa	Ron MARTIN, Envision This	Meagan ZETTLER, Community Member
Ruth FINKELSTEIN, Columbia University / ILC USA	Neil MCCORMICK, Gowling WLG	Ashely ZIA, Canadian Federation of Independent Business (CFIB)
Christopher FISHER, University of Ottawa	Sue MCKINNEY, Acart Communications	
Martina FLAMMER, Boehringer Ingelheim	Jeannette MÉNARD, Community Member	
Scott FLETCHER, Gowling WLG	Eugène MÉNARD, Community Member	
Adrienne FOSTER, Community Member	Geneviève MÉNARD, University of Ottawa	
Barbara FOULDS, Algonquin College	Monique MÉNARD, Community Member	
Clara FREIRE, City of Ottawa, Strategic Community Initiatives	Nathalie MÉNARD, Ménard Coaching Consultatif	
Jackie FROENDT, Home Instead	Zul MERALI, The University of Ottawa Institute of Mental Health Research	
AnneMarie GAGNON, University of Ottawa	Marcel MERETTE, University of Ottawa	
Linda GARCIA, University of Ottawa		
Mamta GAUTAM, ILC Global Alliance		

# APPENDIX 4: Operational Definitions of Factors

## *Description of the Factors*

**Adapted physical environment- accessibility:** modifications to the placement and/or design of structures and settings to facilitate functioning of individuals with personal limitations

**Age threshold:** age at which, by social convention, an entitlement is granted or a restriction is imposed

**Agism:** Stereotypes and discrimination based on chronological age

**Choice:** having options to suit one's preferences, values and circumstances

**Cohort effects:** characteristics among people of a similar age that result from having had common experiences in a particular historical period

**Cultural aspects:** expectation, attitudes and behaviours linked to a particular culture, e.g., food and meal preferences, attitudes towards older persons

**Economic issues:** cost factors that act as disincentives to changing practices; also can refer to relative costs of becoming more age-friendly versus the opportunity costs of not becoming age-friendly

**Education/ advocacy:** information resources and lobbying to increase public awareness and change individual behaviours and social or corporate policy

**Emotional reactions:** behaviours resulting from fearfulness in unfamiliar situations or from lack of awareness or denial

**Ethical motivation:** the motivation to act in a way that is ethically correct

**Government policy:** legislated practices or rules

**Health system navigation:** process of discovering which services are available to respond to one's health needs and how and when to use them

**Human resources:** collectively, the employees of a firm, or the division responsible for personnel recruitment, training, compensation and benefits

**Human touch:** Personal, one-to-one attention with clients/residents

**Identifying champions for age-friendly business:** identifying industry leaders who practice, model and advocate for age-friendly business practices

**Including seniors in decision making:** ensuring that seniors participate fully and equally in discussions leading to decisions that matter to them

**Individuality:** avoidance of a 'cookie-cutter' approach. The idea that 'seniors' are not a homogeneous group. opportunity to make personal choices and be respected in these choices

**Integrated networks:** organizations or units that are connected with each other to facilitate the flow of information and execution of tasks

**Issues of self-identification:** readiness to acknowledge personal limitations to obtain assistance

**Labour relations:** practices and policies that guide employer-employee relationships

**Learning from other groups:** learning from the experiences of other groups with experience combating discrimination, e.g., persons with disabilities, LGBTQ

**Living laboratory:** research conducted in real-life settings to develop or test the effectiveness or acceptability of new processes or equipment

**Mentorship (intergenerational):** informal or formal arrangement in which persons of different ages share their knowledge or experience with each other

**Operational regulations:** standardized ways within an organization or industry of performing functions to maximize efficiency, safety, etc.

**Organizational challenges (inertia to change):** systems and processes that persist despite evidence that change would be beneficial and/or efforts to change

**Personal function limitations:** limitations in strength, endurance, reaction time, mobility, vision, audition, etc., that can affect performance of normal activities

**Process:** established ways of executing tasks

**Socially supportive environments:** individuals who offer personal attention, encouragement, assistance and guidance

**Staff training:** On-the-job resources and sessions to instill knowledge, skills and dispositions to enhance performance

**Technological adaptations:** devices or processes designed to facilitate task performance

**Toolkit:** access to a set of practical resources that facilitate the implementation of change

**Work-caregiver balance:** the experience of successfully managing the demands of work and those of caring for family members (children or older parents)

# APPENDIX 5: Consolidated Perspective

Table showing the factors identified as a priority, first during an individual exercise, then following a small group discussion.

Each participant / group identified 5 priorities in order of importance; total points are the sum of votes calculated by weighting the priority of each factor by the participants / groups.

The higher the points, the higher the priority.

PRIORITIES	INDIVIDUAL CARDS		GROUP CARDS	
	Identified Factors	Total Points	Identified Factors	Total Points
1	Staff training	226	Staff training	66
2	Agism	196	Personal functional limitations – sensory, physical, cognitive, mental health	65
3	Personal functional limitations – sensory, physical, cognitive, mental health	192	Adapted physical environments – accessibility – font; public address systems	60
4	Economic issues (cost of not accommodating)	146	Technological adaptations	55
5	Adapted physical environments – accessibility – font; public address systems	135	Agism	49
6	Choice	119	Government policy	47
7	Government policy	111	Economic issues (cost of not accommodating)	44
8	Work /caregiver balance	88	Health system navigation	37
9	Technological adaptations	83	Work /caregiver balance	36
10	Human touch (e.g. challenge of self service)	79	Including seniors in decision making	35

# APPENDIX 6: Table of Results by Sector

FACTORS	SECTOR 1: TRANSPORTATION				SECTOR 2: HEALTH INSTITUTIONS			
	Business	After discussion Business	Senior	After discussion Senior	Business	After discussion Business	Senior	After discussion Senior
Agism		3			5	1	5	3
Staff training	1	1	1	5	1	3	1	3
Personal functional limitations – sensory, physical, cognitive, mental health	2	2	3	4				
Operational regulations			5	2				
Education/advocacy				2				
Human touch and personalized attention (versus challenge of self service)	5							
Choice								
Economic issues (cost of not accommodating)	4				2			
Labour relations (unions)								
Adapted physical environments – accessibility and communication systems	3	5	1	5				
Socially supportive environments					4			2
Integrated service networks						4		
Technological adaptations			4	1				
Government policy			5			5	2	
Human resources (e.g.equity; flexible hours)								
Health system navigation						1	3	1
Living Laboratory- research in natural settings		3						
Work /caregiver balance					2		4	

SECTOR 3: FINANCIAL INSTITUTIONS				SECTOR 4: HOME/RESIDENCE CONTINUUM			
Business	After discussion Business	Senior	After discussion Senior	Business	After discussion Business	Senior	After discussion Senior
	2	3					
1	1	2	3	3			
4	3		2	2		2	1
2	4	1	4				
	4	2	4	4			
3	3	4			3	1	
				1			2
					1	3	
				5	3	5	3
				5		4	
	3	3			3	5	4

Table showing the factors identified as priorities (Appendix 5), for four sectors of interest: transportation, health institutions, financial institutions, and home / residence continuum.

Each participant self-identified as representing the perspective of a senior (client or worker) or that of a business; results are presented separately for each perspective.

Priorities were ranked by total number of points for each sector. Number 1 represents the highest priority.



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To make a donation or discuss partnership and sponsorship opportunities, please contact:

**Geneviève Ménard**  
**Director, External Relations**  
**Faculty of Health Sciences**  
**University of Ottawa**

**613-562-5800 ext. 3429**

**[genevieve.menard@uOttawa.ca](mailto:genevieve.menard@uOttawa.ca)**