
## Community-University Research Alliance on work-life articulation over the lifecourse (CURA-WAROL)

# Active Aging: Participatory and Empowering or Responsibilization?

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## Bio notes

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## Introduction

Aging is a global phenomenon. The United Nations estimates that in 2050, the number of people age 60 and older will outnumber youth age 15 and younger. The proportion of the 60-and-older age group within the total population was 11% in 2006 and is expected to reach 22% by 2050. The United Nations moreover estimates that all countries, without exception, will see an increase of the median age of their population by 2050.

Median age is also the indicator used by the United Nations to rank countries based on the age of their population. According to the United Nations, Japan was determined as the country with the oldest population, with a median age of 41.3 years in 2000, followed by Italy and Switzerland (40.2 years), Germany (39.9 years), and Sweden (39.6 years). Canada ranks number 27 on that list (36.9 years), just before Russia (28th).

Aging thus represents a growing concern in the world. However, advancing the recognition and integration of seniors within society is a challenge, especially in light of the present status and condition of this population group. In this paper, we first demonstrate the importance of the role of the elderly and their contribution, in particular in terms of providing market and non-market services. In that context, we identify the obstacles that stand in the way of increasing the recognition of the contributions made by seniors, followed by the development of conceptual and strategic tools for overcoming those obstacles. We then examine the concept of active aging from the angle of how it views the capacity of senior citizens to act within their environment and within society as a whole. Lastly, we present the first results of a public policy implemented in Quebec, Canada, that incorporates the principles of active aging.

We here wish to underline that the active aging concept can have various meanings. In its reference framework (2002) and its practice guide (2007), the World Health Organization (WHO) specifies that the notion of active aging implies that each person and each family should plan and prepare for old age and make personal efforts to adopt positive personal health practices at all stages of their lives. In this way, the WHO tries to render each person responsible for the status of their health in old age, as if this was something that is completely within one's control. Similar to how a jobless person is made responsible for their unemployment, individuals are hereby made responsible for "aging poorly" or for not being active enough or in sufficiently good health. While some of the WHO communications do present a more positive vision that responds to the aspirations of individuals, caution is advised with regard to the overall message transmitted through the notion of active aging. That notion can also be likened to the "workfare" concept, which obliges welfare recipients to contribute to society with unpaid or low-paid labour, failing which their payments would be cut. In this study, we wanted to examine the degree to which responsibilization permeates the active aging concept in Quebec, Canada. For this, we based ourselves on the implementation of the Quebec version of the United Nations Global Age-Friendly City program.

There is no doubt that the aging of the population will require both social that organizational adaptations from individuals as well as from society as a whole. Aging in

good health depends on the quality of the living environment and on access to a range of diversified services just as much as on personal choices and behaviours. The latter include an active participation in society and the adoption of "healthy lifestyles". Emphasis on these latter factors tends to make individuals responsible for a disease they have, all the while many diseases are hereditary or due to chance. Moreover, efforts must be made by communities, parapublic associations, and all organizations to adapt or revise their service offer or to make these more accessible to the elderly. Efforts to accomplish the full integration of seniors within society should therefore take the entire range of life (and work) environments into consideration.

At present, the different diagnostics and surveys realized among the elderly and senior citizens organizations reveal a relative degree of inadaptation and certain gaps in the service offer. Without claiming to be exhaustive, some of the recurrent themes are:

- access to information;
- home support services;
- a guarantee of quality housing;
- autonomy;
- support and guidance for caregivers;
- the adequacy of the healthcare offered to seniors (including the medication);
- the fight against isolation among the elderly.

This approach seeks to revise and adapt living environments to the needs of the elderly, instead of applying isolated measures to improve certain services.
The goal is thus to:

- take account of the needs of seniors in many areas, such as housing, design of public spaces, access to adapted public transportation, guaranteed safety of the living environment, varied recreational offer and cultural activities, stimulating community life, etc.; and to
- provide the elderly with the means to benefit from the services offered.

Efforts must also be made to debunk the prevalent myth about the pressure that an aging population exerts on a society's service offer, in particular on the public healthcare system. The overall improvement of the state of health of seniors can, in fact, be expected to dispel that myth to a certain degree (Hébert, 2003). Moreover, efforts must also be made to not underestimate the contribution which the elderly make to society as a whole (in particular in terms of the production of market and non-market services), and to support and encourage that contribution instead of discouraging it.[1]

In reality, advanced age is less commonly associated with a declined state of health and a limitation of activity than public debates suggest, in particular with regard to the cost of healthcare.

[1] See the documents of the Conseil des Aînés and the FADOQ (cited in the references) on these issues and on the positions of senior citizen representatives, who are very active in public debates in Quebec.

Moreover, many seniors, especially those between age 65 and 74, are socially active outside of the job market, either as participants of a group, organization, or volunteer activity. They also provide informal assistance, whether as caregivers (for other seniors, persons with disabilities, or children) or to help with errands. In Canada, in 2003, 39% of people from the 65-to-74 age group performed on average 250 hours of volunteer work per year, amounting to 100 hours more than the volunteer work provided by those between age 25 and 54. In Quebec, in 2006, the 60-to-69 age group had the strongest proportion of volunteers (Ipsos Descarie, 2006). According to a 2006 survey conducted by Ipsos Descarie, 360,000 people age 55 or older spend 2.5 million hours per week to help a family member or friend. This applies in particular to those between age 60 and 69, 22% of whom assist a person with decreasing independence (Ipsos Descarie, 2006).

Seniors also make major contributions at the monetary level. In 2006, in Canada, the fiscal contribution of people age 65 years and older amounted to $2.2 billion, and their volunteer work to $3.1 billion (Government of Quebec, 2007). Nearly one third of people 70 years or older also provide financial support to their grandchildren.

Moreover, in Quebec, the participation of the 65-to-69 age group in the job market grew between 2000 and 2004, namely from 9.2% to 16.4% among men and from 3.1% to 8.1% among women (Institut de la statistique Québec, 2007). Many experts, among them Cooper (2008), argue that the baby boomers will redefine the notion of aging and that many seniors can be expected to work well beyond the age of 65, especially by choice. Presently, the majority of people who continue to work do so by choice (for fulfillment or because they are bored with retirement), while between 30% and 40% do so for financial reasons, either because their pension is too low or because they get no pension at all (Tremblay, 2007). A good number of seniors thus live their old age in a fulfilled and productive manner, driven by a wide range of needs and motivations. They participate in activities (paid or volunteer work, in particular mentoring and tutoring) through which they contribute their experience to the benefit of the community. This contribution gives them a feeling of utility, accomplishment, and belonging to the community while also serving to establish or strengthen ties with the younger generation. It allows them to remain active and to continue to contribute to the development of society.

However, still today, obstacles stand in the way of the participation of seniors within society, such as a reluctance to hire or keep older staff, agism, a lack of funding among community organizations, the costs involved in maintaining volunteer structures, and an increasingly weaker volunteer culture.

Stereotypes and negative attitudes such as agism, gerontophobia, and infantilization are major problems in that they undermine the ability of the elderly to take action and to influence their own well-being. By extension, these stereotypes and attitudes also fail to acknowledge the full contribution which seniors can make to society. Negative prejudices related to old age can lead to the social and professional exclusion of the elderly, resulting in major economic and social costs for this age group (drop of income, increased fragility, isolation) and for society as a whole (withdrawal of the elderly from the workforce, decreased service offer, etc.). These prejudices can also lead to a negative

type of self-categorization on the part of the elderly, which exacerbates their isolation and leads them to deprive themselves of certain services and activities that are offered to them. However, in essence seniors do not want to be categorized as "old folks," and have even been known to refuse certain assistance services for fear of passing as "dependent." Nor do these prejudices help in valorizing the professions that care for and support senior citizens.

One of the objectives of the government is thus to promote and enhance the participation of the elderly in society as well as their contribution to the service offer. However, for that to happen, it is essential to understand the mechanisms and phenomena that either impede or promote that participation.

## I. Existing conceptual tools

The concerns related to aging are relatively long-standing, which allowed to develop conceptual tools likely to contribute to the development of strategic tools for improving the living conditions of the elderly and their optimal integration within society. After presenting the main concepts and notions allowing to take into account the needs of seniors, we will examine programs recently implemented by the Quebec Government and Quebec municipalities to adapt the living environments and the municipal service offer to the reality and needs of the elderly.

### 1) From agism to empowerment

#### a) Agism: the enemy to overcome

Research on stereotypes and attitudes toward seniors began in the 1950s with, among others, the works of Tuckman and Lorge (1953). Throughout the 1980s, the further development of statistical analysis methods then contributed to define different subtypes of stereotypes associated with old age (Coudin and Beaufils, 1997). More recently, studies have shown that due to a complex and multidimensional vision of aging, individuals can hold stereotypes that are both positive and negative at the same time, which reflects a mix of beliefs, emotions, and behaviours (Dozois, 2006).

In the 1970s, the social image of old age became an object of scientific research and a subject of social concern, first in the United States, and then in Europe. Considering the existence—and persistence—of negative stereotypes of old age, and the discrimination generated by these stereotypes, Robert Butler formed in 1969 a new field of gerontological research and intervention by coining the concept of "agism." As a term that designates any discrimination linked to age, agism entered the gerontological jargon with the definition assigned to it in 1969.[2] The *L'Encyclopédie du vieillissement* gives aging the following definition:

[translation]

[2] The first "official" appearance of agism in the French language dates back to 1984. In the *Dictionnaire des personnes âgées, de la retraite et du vieillissement*, published in France by the Secrétariat d'État chargé des personnes âgées, the term is defined as follows: [translation] "Attitude and behaviour aiming to depreciate individuals on the basis of their age. […] The term was coined in analogy to racism and is used more particularly to designate discrimination that has older people as its victims" (in Trincaz, 1999).

Agism – Segregation linked to age: Agism can be seen as a process of systematic stereotyping and discrimination against people because they are old, just as racism or sexism accomplish this for skin colour and gender. People are categorized as senile, rigid in their ways and thinking, and old-fashioned in their morals and practices.

Agism is a theoretical concept that generally includes a "representative" component (against stereotypes and prejudices, false beliefs concerning an age group) and an "active" component (discrimination on the basis of age, prejudice against an age group).

Agism manifests at the individual or collective level, in interpersonal relations, or in institutional practices with the expression of misguided beliefs and abusive generalizations that result in the discrimination, segregation, and exclusion of seniors. It can be found in social institutions and in all fields of society (Palmore, 2004, 2001), including the business world, the socio-health sector, education, and even scientific fields (to the extent that geriatrics has, since the onset of the discipline, contributed to present old age from its degenerative aspect). The victims of agism, on their end, have the tendency to assimilate the negative representations of aging and to conform to the stereotypes transmitted, thereby restricting their own freedom (Nelson, 2005, 2002; Minichiello, Browne and Kendig, 2000; Palmore, 2003, 1999). Negative stereotypes against seniors therefore influence the behaviour of the latter.

Consequently, agism is at the root of many challenges that seniors face in their daily life. The disadvantages and discrimination from which the elderly can suffer not only affect those individuals but also society as a whole (Thorpe and Decock, 2004).

b) Two visions of aging that are more positive

The term *successful aging*, initially coined by Havighurst in 1961, was above all received by Rowe and Kahn (1987) as a relatively heuristic concept. According to these authors, this type of aging clearly stands out from the two other progressive modes until then observed among the elderly. These are, on the one hand, so-called usual or normal aging, which is exempt from well-defined diseases but accompanied by various age-related health conditions and, on the other hand, pathological aging, characterized by the presence of diseases or diverse and varied handicaps. In a more recent literature review on the aging process, Vaillant and Mukamal (2001) confirmed the functional character of the concept of successful aging that points, according to them, to a tangible reality among certain seniors. However, it is still difficult to arrive at one definition for the term, given the existence of two explanatory approaches to successful aging that differ in the importance they give to initiative-taking by the aging subjects. The first approach holds that our way of being on a normal basis (personality) conditions our future in the long term (we become what we are). According to this perspective, individuals have little influence on how they age. The second approach suggests, on the contrary, that the individual is capable of taking their fate into their own hands and can do so by modifying the way they approach and cope with their own aging process. This second approach emphasizes the capacity for self-determination of aging individuals. Ryff (1989a, 1989b) identified six criteria likely to guarantee successful aging: self-acceptance, personal

growth, autonomy, positive relations with others, environmental mastery, and purpose in life.

However, many people are sceptical of the concept of successful aging. Gronemeyer (1993), for one, is concerned about the social implications of this notion by which aging is associated with a performance that the individual must accomplish—either by succeeding or failing. Old age here risks becoming a personal stake, an objective to realize, or a stage to successfully manage, and preparation for this success would be required well before the appearance of the first wrinkles. Idealistic, if not to say elitist (given the emphasis on performance), the concept of successful aging could then give rise to a new form of agism (Minkler and Holstein, 2005). Moreover, addressing mainly the individual, it tends to neglect the role of the individual's action within society.

The notion of successful aging is sometimes associated with or replaced by that of *empowerment* in a perspective that is more interactionist and less focused on the individual than on their capacity to act on their environment. For example, Durandal and Guthleben (2002) reframe the place which aging has in modern societies through the notion of empowerment. According to these authors, retirees as people or as a social group encounter strong social obstacles during the different stages of their lives that determine their status and their social roles. The authors moreover hold that formal (in particular legal) systems and informal views shape a particular relation to aging people. The seniors culture that shapes this framework permeates, as seen, all dimensions of life in society, be it the social, medical, economic, or political arena. It is precisely this mode of relation which Durandal and Guthleben (2002) examine through the transversal concept of empowerment, in which the power to influence oneself, one's social group, and one's environment is put in the centre of a democratic ethic of the relationship to the elderly. The term *empowerment* (derived from the word *power*) incorporates a reflection on the notion of power and is understood in the Weberian sense as a "probability that one actor within a social relationship will be in the position to carry out his own will […]." Its usage is also extended to most dimensions of life of retirees, who are understood not only as citizens with individual and collective rights but also, by extension, as users, patients, or consumers.

The task for retirees, as individuals or collectives, then consists of affirming their capacity to insert themselves in a relation of exchange and construction in which the individual is no longer at the margin but within the system of social construction. Although retirees are not representative of all seniors, the development of a so-called active retirement model is testimony to this fight against the idea of social inertia among the older generations" (Viriot Durandal J.-P. and Guthleben G., 2002).

This approach implicitly challenges the existing value system of a market society founded on the superiority of work (as a paid activity) over other activities (Pellegrin Rescia M.L., 1994). In fact, most senior citizen organizations that developed activities of social value evolved outside of the competitive production system or even the public services system. These activities and their proponents have often been used as a compensating measure when facing shortcomings or when seeking to strengthen the

social actions of the state and local communities. In Quebec, organizations and associations by and for seniors have been estimated to provide a range and volume of services that the state and local communities would not be in the position to assume on their own.[3] As a consequence, a certain degree of social tension exists with regard to activities developed by senior organizations in areas that intersect with the market-based system. In some cases, demarcations between what is be considered as either work or volunteer activity have been clarified as well as the part and role to be played by organizations within municipalities and RCMs.[4]

In this study, social participation is perceived as the affirmation of a capacity to operate directly on social transformation processes through the direct intervention of retirees in activities of social utility (help with school work, charity work, participation in socio-economic development, etc.). The empowerment process usually emphasizes the mastery which retirees can maintain within the transformation process of societies. Beyond the participation in actions of social utility, this also involves their integration in decision-making structures and the representation of their expectations or needs with regard to decision-making.[5]

In that context, seniors, either individually or through organizations, develop or negotiate the power to create and intervene in the public arena and to appropriate or reappropriate roles within social construction. It is this context that has led, at least in part, to the formation of the concept of active aging.

2) Active aging: a conceptual framework for action

The expression *active aging* was coined by the World Health Organization at the end of the 1990s. The intention was to transmit a message that is more encompassing than "healthy aging" and more universal than "active retirement" when addressing people age 50 and over. The term *active aging* takes account of the factors that, beyond healthcare, influence the way in which individuals and populations age (Kalache and Kickbusch, 1997).

In 1995, the WHO accordingly changed the name of its program "Health of the Elderly" to "Ageing and Health," thereby announcing an important change of orientation. The new name no longer categorized seniors, but viewed aging as being a part of the life cycle. All of us age, the new name seemed to suggest, and the best way to ensure the good health of the future senior generation is to prevent diseases and promote health throughout life. In that sense, the health of seniors can only be fully understood by taking account of their earlier life experiences.

[3] Research report on [translation]"the effects of aging of the Quebec population on the management of businesses and municipal services" (2006) and a public hearing report on the living conditions of the elderly (2008).

[4] This led to the launch of many government policies and programs recognizing and supporting community organizations. These policies and programs were then replicated at the regional and local levels, including within Quebec's Regional Health and Social Service Boards.

[5] Viriot Durandal, J.-P., "Des retraités dans la cité," *Informations sociales*, no. 88, December 2000 / January 2001, pp. 102-113.

The International Year of Older Persons (1999) was a landmark in the evolution of the WHO's work on aging and health. That year, the theme of World Health Day was "Active Ageing Makes the Difference" and WHO Director General Dr. Gro Harlem Brundtland launched the Global Movement for Active Ageing. At that occasion, Dr. Brundtland stated: "Maintaining health and quality of life across the lifespan will do much towards building fulfilled lives, a harmonious, intergenerational community and a dynamic economy." The WHO then committed to promote active aging as an indispensable component of all development programs.

In 2000, the name of the WHO program changed again to "Ageing and Life Course" to reflect the importance of the life-course perspective. The multi-focus of the previous program and the emphasis on developing activities with multiple partners from all sectors and several disciplines have been maintained. A further refinement of the active aging concept has been added and translated into all the program activities, including research and training, information dissemination, advocacy, and policy development. In addition to the Ageing and Life Course program at WHO Headquarters, each of the six WHO Regional Offices have their own Adviser on Ageing in order to address specific issues from a regional perspective.

The policy paper "Active Ageing. A Policy Framework" was drafted by the WHO Ageing and Life Course program as a contribution to the Second World Assembly on Ageing of the United Nations, held in Madrid (Spain) in April 2002. That assembly was preceded by a meeting held in January 2002 by a group of experts including 29 participants from 21 countries at the WHO Centre for Health Development in Kobe, Japan. Active aging was there discussed in the following terms:

> Yesterday's child is today's adult and tomorrow's grandmother or grandfather. The quality of life they will enjoy as grandparents depends on the risks and opportunities they experienced throughout the life course, as well as the manner in which succeeding generations provide mutual aid and support when needed. […]
>
> [Active ageing] allows people to realize their potential for physical, social, and mental well being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance. […]
>
> Ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people. (WHO, 2002a, p. 12)

The term *active* thus refers to the ongoing involvement in economic, social, spiritual, cultural, and citizen activities rather than only physical activity and employment. In this way, seniors who take their retirement or those who are sick or physically handicapped can continue to make a contribution to their family, co-citizens, community, and country. Eventually, active aging will allow seniors to prolong their life expectancy in good health and to improve their quality of life.

The idea of active aging emerged from a recognition of the rights of senior citizens and the principles of independence, participation, care, self-fulfilment, and dignity supported by the United Nations. Based on that notion, strategy planning is oriented less exclusively on needs and more on a recognition of the rights of seniors to equal treatment and opportunities in all areas of life. It supports the free exercise of their participation in the political process and diverse aspects of local life.

As conceived by the WHO, active aging, as a framework of reference, is part of a larger *life-course perspective* (WHO 2002). A life-course perspective on aging recognizes that older people are not one homogenous group and that individual diversity tends to increase with age. That said, a life-course perspective also encompasses dimensions that are both personal (present in the concept of successful aging) and interactional (from the empowerment concept).

The WHO (2007, 2002) specifies that in the view of aging active, each person and each family should plan and prepare for old age and make personal efforts to adopt positive personal health practices at all stages of life. A new paradigm is thus taking root that views seniors as active participants in an age-integrated society and as active contributors as well as beneficiaries of development—but, which also seeks to hold seniors fully responsible for their health or aging status. In that context, people are readily referred to as having "aged well or poorly" as a result of their previous lifestyle habits, while it is well known that a person's health status is largely influenced and determined by social situations that are beyond the control of the individual.

The paradigm moreover takes an intergenerational approach that recognizes the importance of relationships and support among and between family members and generations. It reinforces "a society for all ages"—a central focus of the 1999 United Nations International Year of Older Persons. In its two reference documents, the WHO (2002 and 2007) specifies that the implementation of policies and programs that promote active aging depends on the recognition, encouragement, and support structure of and for personal responsibilization ("self-care"—a new term here) and intergenerational solidarity to better meet the needs of seniors.

## II. The GAFC programs: an application of the principles of active aging?

A global age-friendly city (GAFC) is a city which tries to take into account the needs of aging citizens, but also of other age groups. As the active aging process is part of a life-course perspective, a global age-friendly city (GAFC)[6] benefits not only seniors, since the services and amenities designed for the aging often can be useful for other groups. The senior-friendly design of buildings and streets improves the mobility and autonomy of people with disabilities (whatever their age) as well as very young children. A commitment to these issues is clearly expressed through the three components that compose the global age-friendly city program. Flexible, the program has been adapted to

[6] Some elements of this section have been published in a somewhat different form in Rochman, J., and Tremblay, D.-G. (2011).

the Quebec reality, where, under the name "municipalité amie des aînés" (age-friendly municipality), it has already experienced some success. For example, it has led to the establishment of a policy framework of the provincial government that is applicable at the provincial, municipal, regional levels.

1) What is an age-friendly municipality?
   a) GAFC

In total, 33 cities from all continents participated in the WHO GAFC project. Following this, for some years now, many seniors projects have been initiated throughout the world as well as in Quebec. The following box offers an overview of those launched in Quebec in the framework of GAFC. Relatively young, these programs have not yet been the object of in-depth and complete evaluations.

Box 1: Overview of seniors projects in Quebec

Global age-friendly cities is an approach launched by the WHO in which 33 cities of the world participate, among them the city of Sherbrooke in Quebec.

Inspired by the project, the Centre de recherche sur le vieillissement, a research centre on aging at the Institut universitaire gériatrie de Sherbrooke, established a research partnership with Quebec's Secrétariat aux aînés. From this agreement was born the Quebec version of GAFC, which networked seven municipalities (Drummondville, Quebec, Rimouski, Rivière-du-Loup, RCM Témiscamingue, Granby, and Sherbrooke). Hereinafter referred to as the MADA program (Municipalité amie des aînés/age-friendly municipality), the project was launched by the Secrétariat aux aînés. The main goal of MADA is to expand the GAFC experience to all municipalities of Quebec. The Carrefour Action Municipale et Famille (CAMF) also partners with the program and assists participating municipalities.

Concurrently to these two initiatives exists a third program, which, funded by Quebec's Ministère de la Famille et des Aînés (MFA), aims to improve the living conditions of seniors in Quebec. This program networks four cities (Gatineau, Sillery/Ste-Foy/Cap-Rouge, Lac Beauport, and Baie-Saint-Paul) as well as one seniors organization (ROPASOM, from the South-West borough of Montreal).

A fourth program, initiated by CAMF, targets five pilot municipalities wishing to integrate a MADA approach into their municipal family policy (Varennes, Saint-Lambert, Malartic, Saint-Magloire, and Mascouche).

Source: Denis Guérin, Carrefour Action Municipale et Famille (CAMF), September 2010.

Active aging conceived of as a reference framework for action, and in particular for the implementation of public policies, was introduced to Quebec by the province's Secrétariat aux aînés through MADA, the Quebec version of the GAFC project. The program is based on three components:
*Health*

This component is not so much centered on curing illnesses and diseases as on the adoption and maintenance of a healthy habits. The project goal was to promote the adoption of an active and stimulating lifestyle through the practice of diversified activities, including participation in recreational activities (leisure, social, cultural, intellectual, and physical).

*Participation*

This component includes any activity, paid or not, that allows seniors to fully contribute to family and community life, for example, citizen activities, volunteering, continuous education, or economic development activities (jobs) (MFA, 2009, p. 12).

The recognition, stimulation, and support structure for the contribution of Quebec seniors to society are hereby prioritized. In fact, the MADA program specifies, with regard to participation, that:

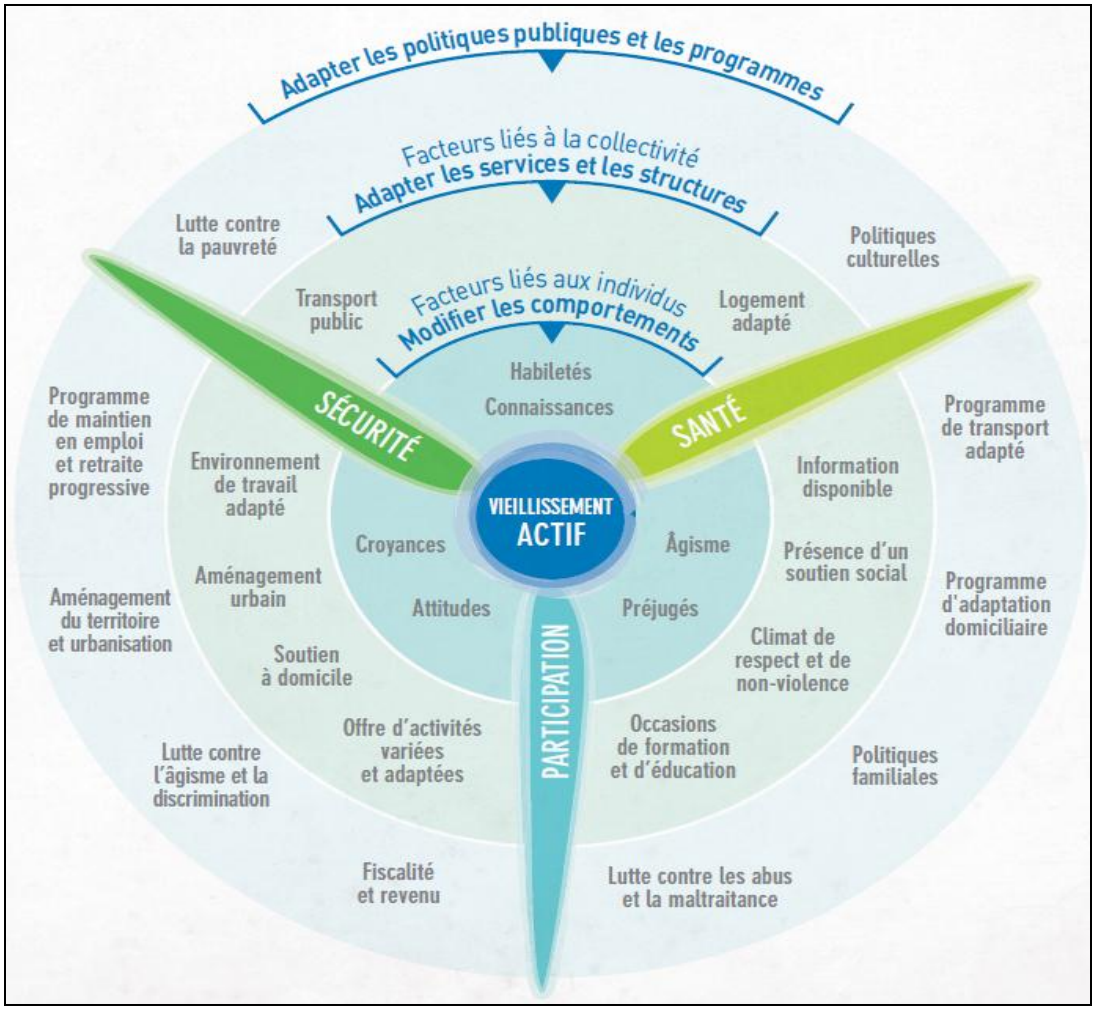
> [translation]
> [A]ging people will continue to make a productive contribution to society in the form of paid or non-paid activities once policies and programs concerning the job market, employment education, health, and social action are more oriented toward promoting their full participation in socio-economic, cultural, and spiritual activities in respect of the human rights, capacities, needs, and preferences of these seniors.
> (Ministère de la Famille et des Aînés, Government of Quebec, 2009).

*Safety*

The safety component allows to ensure the protection and dignity of seniors by responding to their needs and by respecting their rights. This also includes the safety of seniors in physical and public spaces (lighting, public roads, etc.), in particular with a view to enhancing the feeling of safety experienced by the elderly. Advocacy and information dissemination among seniors as well as among the younger generations is also a part of this component.

As shown in Figure 1, each of these components corresponds to the different levels of society, namely: government (Quebec, in this case), community (municipalities, RCMs, and parapublic and community organizations), and individual. Key topics were identified for the different levels, from where they can be addressed with regard to specific policies and actions and be associated with particular fields of intervention.

**Figure 1. Age-friendly municipalities program**



Source: MFA (2009) Program *Municipalité amie des aînés : favoriser le vieillissement actif au Québec*

The Ministère de la Famille et des aînés (MFA) launched its Quebec-version of the global age-friendly cities (GAFC) program in 2008 by supporting an experiment in six municipalities and one regional county municipality (RCM). These pilot projects, to be continued through 2013, aim to identify better ways of adapting policies, services, and structures to the realities of seniors.

Moreover, in the 2009–2010 fiscal year, the Quebec government announced the allocation of an annual sum of $1 million to support municipalities in these efforts. In that context, the MFA renewed its partnership with the CAMF, thereby allowing the latter organization to support the municipalities in adopting the program.
The combination of a family policy and MADA, made possible through the support from the MFA, proved to be beneficial for the municipalities as well as for the RCMs. In fact, the amount of the allocated subsidy has since doubled, while the portion of the contribution from the municipality was reduced by nearly one half for municipalities with less than 3,000 habitants and by 40% for the remaining municipalities.

MADA also promotes the empowerment of the elderly to the extent that:

- Seniors are integrated in the consulting structures (although these are not fully decisional); and
- where their expectations and needs are represented and integrated in decision-making processes.

In fact, the process of implementing programs in favour of the elderly, at least in Quebec, requires performing a diagnosis of the milieu and a consultation among the latter. Likewise, Quebec's *politiques familiales municipales*, hereinafter referred to as the municipal family policies (MFPs), and especially MADA call for the creation of a committee in which seniors should be integrated, which would promote their active participation.

The combination of these two programs could represent, for the municipalities and the RCMs, an occasion to significantly improve the living environments of their citizens and to offer these a range of services that is more diversified and more adapted to their needs. Both the MFPs and MADA aspire to establish a more integrated notion of the improvement of the quality of living environments and services to citizens.

From 2008 to today, MADA seems to have experienced great success, to the extent that it involved the participation of 27 municipalities (apart from those participating in the pilot projects at the start). Similarly to what was defined by the WHO, MADA allows to accompany cities, RCMs, and boroughs in the adaptation of their structures and services to the end of allowing seniors residing there to age while staying active.

b) A need to adapt the municipal service offer

The government support structure for municipalities is associated with the implementation and realization of the MFPs. Similar to MFPs, MADA corresponds to a convergence between a willingness of the Quebec government and the recognition (more or less long-standing) by municipalities of the benefit of and need to develop policies in favour of families (Rochman and Tremblay, 2009) and seniors.

The aim is to intervene on behalf of and within local environments by working on the improvement of the quality of living environments and their capacity to satisfy the expectations of families (Rochman and Tremblay, 2009) and seniors. The Quebec government has neither the intention nor the means to assume this responsibility alone. Pursuing a double objective of efficiency and economy of means, the state intends to develop partnership and contractual relationships with other administrative structures acting at the local and regional scales.

The MFPs and MADA have the goal to allow municipalities to better respond to the expectations and needs of their citizens and to improve the quality of their living environment. The implementation of MFPs (Rochman and Tremblay, 2010a,b,c), and of MADA, largely meets this double objective. However, unlike the family policies, MADA is an approach that results in an action plan.

Municipal family policies can concern diverse fields of intervention, of which CAMF has identified seven, namely: housing; urbanism; recreation and culture; support to community organizations; safety; transport and the road traffic management; and family-work balance (CAMF, 2008b). In addition, CAMF handles other fields of action,[7] such as the question of seniors and intergenerational exchanges, life-course health, the economy, and employment. MADA, for its part, deals with a major part of these transversal issues by placing more emphasis on seniors who, from one municipality to another, do not always occupy the same place within the action plan of the MFPs. As such, the targeted areas of intervention are housing, urban design, transport, recreational offer and cultural activities, safety, and participation (citizen and community), the latter of which constitutes one of the main pillars of the active aging concept. The emphasis is put on responding to the needs and rights of seniors with regard to safety at the social, financial, and physical levels as well as providing support to families and communities, in particular to the caregivers and non-profit organizations that assist the elderly.

While the orientation and scope of the MFPs and MADA is very broad, a significant portion of the planned or realized actions correspond to a willingness and a need of the municipalities to develop a more integrated citizens service concept and to better satisfy citizens' needs. Concerning family policies, a study on the strategies that promoted or shaped the development of an MFP (Rochman and Tremblay, 2010b) allowed to identify five types of strategies, namely:

- The response to a particular need;
- The boosting of the birthrate through support to families (e.g., work-family-study balance);
- A comprehensive development approach in the form of a policy;
- An integrated vision of family and citizen services;
- The progressive adaptation to the needs of citizens.

The latter three directly concern the need for a better response to the needs of citizens and, at a broader level, to an improvement of their quality of life.

Moreover, the analysis of the action plans of the MFPs reveals that a non-negligible part of the realized or planned actions aim for a better adaptation to the needs of citizens, and seniors in particular. In fact, some municipalities had already integrated one component specifically dedicated to seniors into their MFPs and, starting 2006, the theme "seniors" was added in a more systematic way to the list of action topics of the MFPs. Additional actions of the MFPs also directly or indirectly concern the elderly as part of transversal actions aiming for the improvement of living environments or the diversification of services provided to the population. However, certain topics excepting (e.g., seniors, environment, and public safety), these actions are very few in number in comparison to the total number of actions.

[7] When analysing the different key areas identified by CAMF in 108 documents on municipal family policy in Quebec, Darchen and Tremblay (2008, 2009) noted that the themes were not treated equally, some being more important than others.

In that context, MADA comprises an additional support allowing municipalities to intensify their efforts to improve the quality of living environments and their citizens services (which corresponds to a real need). However, MADA should nevertheless contribute an additional dimension to these two main objectives, namely, the principles and pillars associated with active aging.

The analysis of the measures for seniors within the MFPs and the diverse municipal programs point to a concern and highlight the increasing efforts undertaken by municipalities to adapt and respond to the needs of the elderly. However, the quantity and diversity of actions conducted do not match current, and above all future, needs which the municipalities and RCMs must satisfy. Moreover, a certain, albeit low, proportion of the measures presently integrated in the different municipal action plans are not directly derived from the principles and pillars stipulated in MADA. In fact, the "active" character of seniors has not yet been fully asserted. Their participation in the job market and their contribution in the offer of market and non-market services is little solicited or valued, although the latter aspect is the object of an increasing number of fields of action. In all, seniors' involvement within society and their living environment has not been very acknowledged beyond their role within families and their status as residents and consumers of municipal services. Lastly, the health component is still frequently approached from the angle of the consumption of services by seniors, even if the promotion of a healthy lifestyle (through sports, diet, prevention) increasingly targets seniors as well.

*c) Other levers for active aging?*

It seems that, similarly to what has been observed in the case of the MFPs (Rochman and Tremblay, 2010a, b), the municipal level cannot, on its own, assume the responsibility of satisfying the needs of seniors. To be fully efficient, the implementation of active aging principles must be shared by other levels.

The Quebec government has developed an awareness of this necessity, at least to the extent that, since 2007, many budget measures have been dedicated to strengthening assistance and actions in favour of seniors. A certain number of programs,[8] among them MADA, address different types of organizations, whether governmental or not. Among these are the CRÉs (conseils régionaux des élus), municipalities, community organizations, and caregiver organizations. An examination of the individual agreements between MADA and the 19 CRÉs (in the framework of the Quebec *Stratégie d'action en faveur des aînés*) allowed to shed light on our preceding analysis of the measures related to MADA. This resulted in the identification of ten priorities destined to guide the development of future regional actions plans:

- Participation
- Diagnostics

[8] MADA: $4M per year; *Stratégie d'action en faveur des aînés* (specific agreements with the CRÉs): $5M per year; *Du cœur à l'action pour les aînés*: $1.6M per year; *Plan d'action pour contrer la maltraitance*: $4M per year; Improvement of the food offered in CHSLD: $3M per year; *Fonds de soutien aux proches aidants*: $20M per year. The amounts cited are approximative.

- Value of the role and image of seniors (valorization)
- Living environment
- Services
- Information/education
- Healthy lifestyles
- Recreation/culture
- Housing
- Caregivers

The analysis of the priorities reveals a relative complementarity with regard to those identified in the MFPs and MADA. The agreements[9] seem to place central importance on participation (20 actions themes) and valorization (12 action themes). While the prioritization of these themes reflects a search for the suitability and implementation of active aging principles, the context in which these themes arose should not be left out of sight. For example, beyond the goal to promote the integration of seniors and the satisfaction of their needs, the agreements were developed with the aim to provide greater mobilization (and contribution) of the para-governmental, private, and non-governmental actors in the implementation of concrete actions in favour of seniors. However, while CRÉs play a real role of coordination, mediation, and consultation for the different regional actors, they have no decision-making and executive power over these. Initial funds provided by the provincial government served to finance the diagnostics phase, the production of action plan documents, and the contribution of the CRÉs, and only partially promoted or supported certain projects. However, the action plans and above all their implementation will depend largely on the contribution of other regional actors (community, parapublic, or private).

**Conclusion**

A recognition of the shortcomings in the service offer for seniors has taken place in municipalities as well as the different levels of government. The mobilization of the concept of active aging, in the framework of policies, corresponds to the overall objectives of the provincial government and the municipalities. However, the analysis of the measures in support of seniors from the MFPs, as of those from MADA, indicate that many active aging principles have yet to be integrated into municipal action plans. We observed that the municipalities seem to experience difficulties in fulfilling a role of advocacy and promotion, albeit this may be due to the fact that certain themes (health, transport) do not belong to their field of competency.

Aware of these difficulties and nevertheless wishing to support new approaches and projects in favour of seniors, the government has significantly increased the quantity of these types of programs. It has done so at the regional scale (separate agreements with the CRÉs) and at the community level (*Du cœur à l'action pour les aînés du Québec*) as well as through its support program for initiatives that promote the respect of seniors (*Soutien aux initiatives visant le respect des aînés*, SIRA) and microlocal improvements or benefits to individual (tax credits, pension splitting).

[9] A detailed analysis of the measures and programs is provided in Rochman & Tremblay (2011).

While these programs cover a portion of the needs not yet satisfied in the framework of MADA alone, one aspect has hardly been addressed: the capacity of seniors to participate in the service offer. While efforts have been made to recognize the role of seniors in society, a certain lack of understanding of their specific role still prevails. Lastly, the response to the needs of the elderly will probably require a greater coordination of public policies and programs.

While the proliferation of support programs constitutes an advantage with regard to the recognition of the needs of the elderly and the improvement of their living conditions, it also points to a relative collapse of the role of the state. In this way, a delegation of tasks has taken place that charges:

- municipalities—with the responsibility to implement a transversal policy in favour of seniors;
- the Conseils régionaux des élus (CRÉ)—with coordinating, within the communities, the implementation of active aging principles; and
- community organizations (and to caregivers)—with the task of assuming a non-negligible part in the provision of citizens services.

The provincial government is presently challenged to provide sufficient coordination and coherence in the framework of this issue that affects all of society. The social changes generated by an increasingly aging population call for more than a proliferation of programs. It is nevertheless important to recognize that these various programs, and MADA in particular, constitute a considerable contribution toward an integration of seniors into society, including a conceptual reframing of that integration. As a whole, these programs addressing aging-related issues constitute a main vehicle for introducing a new vision of aging, namely, that of active and self-fulfilling aging.

Although all of these measures related to active aging seem positive, it should be remembered that a true implementation of active aging principles will require changes from all of society, accompanied by a greater coordination (coherence) of public action.

The objectives targeted by the active aging concept and its benefits for the populations concerned thus merit questioning, in particular when they involve encouraging seniors to remain employed longer. This goes beyond the mandate of the interventions of the municipalities discussed in this study, but has to do with broader issues raised with regard to active aging. In fact, active aging calls on each person to plan and prepare for old age and to make personal efforts to adopt healthy practices throughout life. From our point of view, this tends to make each person fully responsible for their health condition in old age, as if this was something one can have complete control over. An analogy could be drawn here to the socio-political phenomenon in which unemployed persons are given the full blame for being out of a job. Counter to this trend of responsibilization, we argue that individuals should not be made fully responsible for "aging poorly," not being sufficiently active, not in sufficiently good health, or not enough this or that. Moreover, evaluations of measures that promote active aging would do well to take this somewhat less obvious risk into account. While the main elements of active aging measures may be strongly positive, such as those that promote autonomy and empowerment, the

implications and motivations behind the trend toward responsibilization are highly unsettling.

To conclude, the concept of active aging may lead to a full responsibilization of individuals with regard to their health, which entails a discriminatory if not to say elitist component given the fact that social factors (poverty, etc.) do have an impact on health, while some illnesses remain totally unexplained and cannot be related directly to individual action. We argue that active aging measures must be supported and implemented by all levels of government, and that this should take place by maintaining a diversity of choices for seniors as they transition from working life into retirement.

**References**


AGE (2009). *Plaidoyer pour une plus grande solidarité entre les générations*. En ligne : http://www.age-platform.org/FR/IMG/AGE-Solidarity-BROCHURE-FR.pdf

AGE (2007). *Vers une société européenne pour tous les âges.* En ligne : http://www.age-platform.org/FR/IMG/Brochure_Society_FR.pdf

Béjaoui, A. (2007). « Le prolongement de la vie active des travailleurs âgés : défis et opportunités », dans D.-G. Tremblay (dir.), *D'une culture de retraite vers un nouveau management des âges et des temps sociaux*, Québec, Les Presses de l'Université du Québec, p. 83-92.

Bellemare, D., L. Poulin-Simon et D.G. Tremblay (1998). *Le paradoxe de l'âgisme dans une société vieillissante : enjeux politiques et défis de gestion*, Télé-université, Québec, Éditions Saint-Martin, 265 p.

Bytheway B. (1995). *Ageism.* Philadelphia : Open University Press.

Comité sénatorial sur le vieillissement (2009). *Le vieillissement de la population : un phénomène à valoriser*. Rapport final. En ligne : http://www.parl.gc.ca/40/2/parlbus/commbus/senate/com-f/agei-f/rep-f/AgingFinalReport-f.pdf

Conseil des aînés du Québec, *Avis sur l'âgisme envers les aînés : état de la situation*, Mars 2010 www.conseil-des-aines.qc.ca

Conseil consultatif national sur le troisième âge (CCNTA) (2003). « Les vieux mythes », *Expression*, vol. 16, no 2, 8 p.

Conseil des affaires sociales et de la famille (1979). *Pour une politique québécoise du vieillissement et des personnes âgées*, 31 p.

Conseil des aînés du Québec (2010), *Avis sur l'âgisme envers les aînés : état de la situation*, Mars 2010. Québec : Conseil des aînés du Québec.

Conseil des aînés (2009a). *Avis sur le maintien en emploi des travailleurs âgés de 55 ans ou plus et le retour au travail des jeunes retraités*, Québec : Conseil des aînés du Québec. 77 p.

Conseil des aînés (2009b). *Présentation du CNEV.* Québec : Conseil des aînés du Québec.

En ligne : http://www.conseil-desaines.qc.ca//index.php?option=com_content&task=view&id=54&Itemid=88

Conseil des aînés (2008a). *Pour un équilibre vital : des responsabilités équitables. Avis sur l'état de situation des proches aidants auprès de personnes âgées en perte d'autonomie*, Québec : Conseil des aînés du Québec.132 p.

Conseil des aînés (2008b). *Le Conseil des aînés, un conseil avisé.* Brochure de présentation du Conseil des aînés, Québec : Conseil des aînés du Québec.14 p.

Conseil des aînés (2007). *La réalité des aînés québécois*, 3e édition, Québec, Les Publications du Québec, Québec : Conseil des aînés du Québec.201 p.

Conseil des aînés (2006). *Vivre et vieillir dans sa communauté : Guide pratique*, Québec, gouvernement du Québec, 112 p.

Conseil des aînés (2004). *Cheveux gris, coeur chaud : Document de réflexion sur la sexualité des aînés*, Québec : Conseil des aînés du Québec.25 p.

Conseil des aînés (2000). *Avis sur l'hébergement en milieux de vie substituts pour les aînés en perte d'autonomie*, Québec : Conseil des aînés du Québec.94 p.

Cooper, S. (2008), *The New Retirement: How It Will Change Our Future*. Toronto: Penguin Publishers.

Coudin, G., et B. Beaufils (1997). « Les représentations relatives aux personnes âgées », *Actualité et dossier en santé publique*, vol. 21, p. 12-14.

Darchen, Sébastien et Diane-Gabrielle Tremblay (2009). L'intervention de l'acteur municipal au Québec : l'étude de cinq politiques familiales au Québec. Dans Barrère-Maurisson, Marie-Agnès et Diane-Gabrielle Tremblay (2009). *Concilier travail et famille. Le rôle des acteurs. Québec-France.* Québec : Presses de l'université du Québec. 456 p. pp. 409-431.

Dozois, E. (2006). *Ageism : A review of the litterature*. Calgary Health Region, Healthy Aging Committee, 29 p.

FADOQ (2007). *Des enjeux connus, des moyens à prendre*. Mémoire pour la consultation publique sur les conditions de vie des personnes aînées. En ligne : https://www.fadoq.ca/database/Image_usager/2/Avis_Memoires/2007/Consultation_publique_%20conditions_vie.pdf

FADOQ . Campagne de sensibilisation destinée à favoriser le maintien et la réinsertion en emploi des personnes de 50 ans ou plus. www.fadoq.ca

Gouvernement du Québec (1990). *Bien vieillir, un art qui s'apprend tôt*, Québec, Les Publications du Québec.

Gouvernement du Québec (2009), Programme, ville amie des aînés : favoriser le vieillissement actif au Québec. Québec : Bibliothèque et Archives nationales du Québec. mfa.gouv.qc.ca

Gouvernement du Québec (2008). Rapport de la consultation publique sur les conditions de vie des aînés ; Préparons l'avenir avec nos aînés.Québec : Gouvernement du Québec. http://www.mfa.gouv.qc.ca/fr/aines/consultation-publique/Pages/rapport.aspx (consulté le 12 juillet 2010)

Gouvernement du Québec (2007), Consultation publique : Les conditions de vie des personnes aînées : un enjeu de société, une responsabilité qui nous interpelle tous, Bibliothèque et Archives nationales du Québec, 2007 www.consultationpublique-aines.gouv.qc.ca

Gouvernement du Québec, ministère des Finances (2007), *Stratégie d'action en faveur des aînés : un milieu de vie amélioré, une participation encouragée*, Québec, 2007, p. 12.

Gouvernement du Québec (2005). *Plan d'action 2005- 2010, Un défi de solidarité : les services aux aînés en perte d'autonomie*», Québec : ministère de la Santé et des Services sociaux.

Gronemeyer R. (1993). *Integration und Segregation – Spezielle oder altersübergreifende Mabnahmen in Einrichtungen für alte Menschen.* In : Baltes M.M., Kohli M., Sames K. (Eds.). Erfolgreiches Altern. Bedingungen und Variationen. Bern : Verlag Hans Huber

Groupe d'experts sur les travailleurs âgés (2008). *Soutien et engagement des travailleurs âgés dans la nouvelle économie*. En ligne : http://www.hrsdc.gc.ca/fra/publications_ressources/pmt/eta/2008/travailleurs_agees_2008.pdf (consultéle 12 juillet 2010)

Havighurst, R. J. (1961). Successful aging. *The Gerontologist, 1*, 8-13.

Hébert D.(2003), Les défis du vieillissement au Canada, Gérontologie et société 2003/, n° 107, p. 79-86.

Institut de la statistique du Québec, Chantal Girard, *Le bilan démographique du Québec*, Québec, 2007, p. 16 et 19.

Institut de la statistique québec (2010). Vie des générations et personnes âgées: aujourd'hui et demain - volume 1 et volume 2, 2007 http://www.stat.gouv.qc.ca/publications/conditions/vie_generation.htm (consulté le 6 juin 2010)

IPSOS Descarie (2006), *Sondage auprès des personnes de 55 ans et plus commandé par la Chambre des notaires du Québec et le Conseil des aînés, Rapport de recherche*, novembre 2006, p. 27et 28

Kalache A, Kickbusch I. A global strategy for healthy ageing. *World Health*, 1997, 4: 4-5 (juillet-août).

Lagacé, M. (2009). « Le prisme déformant de l'âgisme », *Vie et vieillissement*, vol. 7, n°2, p. 2-3.

McWilliams, C., Penning, MJ, Keating, & M. Rosenberg, (2000). *Améliorer les soins de santé pour les personnes âgées: un défi majeur au Canada pour le 21e siècle*. Fiche d'information. Ottawa, ON: Étude canadienne sur la santé et le vieillissement

Ministère de la Famille et des Aînés, *Favoriser le Vieillissement Actif au Québec*, 2009, p. 12, http://www.mfa.gouv.qc.ca/fr/publication/Documents/DocReferenceMADA_final.pdf

MFA, Direction des relations publiques et des communications rapport de la consultation publique (2008) *Les conditions de vie des personnes aînées : préparons l'avenir avec nos aînés,* Bibliothèque et Archives nationales du Québec, Gouvernement du Québec, 2008 rubrique « Formulaires et publications » du site Web du ministère de la Famille et des Aînés : www.mfa.gouv.qc.ca

Minichiello, V., J. Browne et H. Kendig (2000). « Perceptions and consequences of ageism views of older people », *Ageing and Society*, vol. 20, n°3, p. 253-278

Ministère des Affaires municipales, du Sport et du Loisir-MAMSL (2006), *Les effets du vieillissement de la population québécoise sur la gestion des affaires et des services municipaux*. Québec : gouvernement du Québec 2004, actualisé en 2006

Ministère du Procureur général (2009). *Les droits de la personne en Ontario*. En ligne : http://www.attorneygeneral.jus.gov.on.ca/french/ohrc/Default.asp

Minkler, M., et M. Holstein (2005). « Successful aging », dans E.B Palmore, L. Branch et D.K. Harris, *Encyclopedia of ageism*, Binghamton, (NY)The Haworth Pastoral Press, 341 p.

Nelson, T.D. (2005). « Ageism : Prejudice Against Our Feared Future Self », *Journal of Social Issues*, vol. 61, n°2, p. 207-221.

Nelson, T.D. (2002). *Ageism*, Cambridge, Massachusetts Institute of Technology, 372 p.

Normand T, (2009). *Perspectives démographiques du Québec et des régions, 2006-2056*, Québec : Institut de la statistique du Québec. www.stat.gouv.qc.ca

Palmore, E.B. (2004). « Research note : Ageism in Canada and the United States », *Journal of Cross-Cultural Gerontology*, vol. 19, p. 41-46.

Palmore, E.B. (2003). « Ageism come age », *The Gerontologist*, vol. 43, n°3, p. 418-420.

Palmore, E.B. (2001). « The Ageism Survey : First Findings », *The Gerontologist*, vol. 41, n°5, p. 572-575.

Palmore, E.B. (1999). *Ageism : Negative and Positive*, 2e édition, New York, Springer Publishing Co., 266 p.

Rochman, J. et D.-G. Tremblay (2010a). *Des politiques familiales municipales (PFM) aux mesures de conciliation travail-famille (CFT) : la spécificité famille*. Note de recherche de la l'ARUC sur la gestion des âges et des temps sociaux. Montréal : ARUC-GATS. www.teluq.uqam.ca/aruc-gats

Rochman, J., & Tremblay, D.-G. (2011). Les services et le programme « ville amie des aînés » au Québec. *Gérontologie et Société* (France). n° 135, janvier 2011. pp 285-339.

Rochman, J. et D.-G. Tremblay (2010b). *Politiques familiales municipales et développement local : soutien aux stratégies locales au Québec*. Note de recherche de la l'ARUC sur la gestion des âges et des temps sociaux. Montréal : ARUC-GATS. www.teluq.uqam.ca/aruc-gats

Rochman, J. et D.-G. Tremblay (2010c). *Facteurs facilitants et facteurs de blocage à la mise en œuvre et au succès des politiques familiales municipales : une analyse en termes de gouvernance*. Note de recherche de la l'ARUC sur la gestion des âges et des temps sociaux. Montréal : ARUC-GATS. www.teluq.uqam.ca/aruc-gats

Rowe JW, Kahn RL. Human aging: Usual and successful. Science 1987;237:143–239.

Ryff, C. D. (1989a). In the eye of the beholder : Views of psychological well-being among middle-aged and older adults. *Psychology and Aging, 4*, 195-210.

Statistique Canada (2006), *Un portrait des aînés au Canada*, Ottawa : Statistique Canada. p. 68 et 71.

Thorpe, E., et G. Decock (2004). « La discrimination fondée sur l'âge en Europe », *Gérontologie et société*, vol. 4, n°111, p. 207-223.

Trincaz J. (1999). *L'âgisme: naissance et développement d'un concept. In: Hummel C. (Ed.), les sciences sociales face au défi de la grande vieillesse. Université de Genève : Centre interfacultaire de Gérontologie, 65-74.*

Tuckman, J., et I. Lorge (1953). « Attitudes toward old people », *The Journal of Social Psychology*, vol. 37, p. 249-260.

Vaillant GE, Mukamal K. vieillissement réussi. Am J Psychiatry. 2001 Juin, 158 (6) :839-47.

World Health Organization (2002a), *Active Ageing – A Policy Framework*, a contribution to the Second United Nations World Assembly on Ageing, held in April 2002, in Madrid, Spain; http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf (page consulted July 28 th 2011)

World Health Organization (2002b), Maladies non transmissibles et santé mentale, Prévention des maladies non transmissibles et promotion de la santé, Vieillissement et qualité de la vie; Vieillir en restant actif :Cadre d'orientation, Contribution de l'Organisation mondiale de la Santé à la Deuxième Assemblée mondiale des Nations Unies sur le Vieillissement, Madrid, Espagne, 2002. (page consulted July 28 th 2011)

World Health Organization (2002c). The world health report 2002 - Reducing Risks, Promoting Healthy Life. Geneva : World Health Organization . http://www.who.int/whr/2002/en/ (page consulted July 28 th 2011)
World Health Organization (2007), *WHO Global Network of Age-Friendly Cities*. 2007 Geneva : World Health Organization http://www.who.int/ageing/Brochure-EnglishAFC9.pdf (page consulted July 28 th 2011)