



The Youth and Parents AGAPE Association Inc.  
Association Amicale des Jeunes et Parents AGAPE Inc.

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# Report on the Consultation with the English-speaking Seniors of Laval

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Prepared by **Dr. Joanne Pocock**, March 31, 2019 for  
*AGAPE English-speaking Senior Wellness Centre*

# Acknowledgements

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**Health  
Canada**

**Santé  
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The consultation was done in collaboration with **Agape's English-speaking Senior Wellness Centre**.



Acknowledgements .....	2
Foreword from the Directors .....	4
<b>SECTION 1: This Report .....</b>	<b>5</b>
AGAPE: The Youth and Parents AGAPE Association Inc. ....	6
AGAPE English-speaking Senior Wellness Center .....	6
The 2019 Consultation with Laval Senior Citizens .....	6
<b>SECTION 2: Key Social Determinants of Health and English-speaking Laval Seniors .....</b>	<b>7</b>
Population Size and Proportion of Seniors .....	8
Socio-economic Status (SES) .....	9
- Income .....	9
- Education .....	10
Social Inclusion and Support .....	11
- Living Alone .....	11
- Volunteering and Sense of Belonging .....	12
- Unpaid Care .....	13
Access to Health and Social Services .....	13
- Language Barriers .....	14
- Health Information .....	15
<b>SECTION 3: 2019 Consultation Findings .....</b>	<b>16</b>
The Session .....	17
Participant Profile .....	17
Participant Survey Responses and Discussion Commentary .....	18
- Areas of Most Satisfaction .....	18
- Areas of Least Satisfaction .....	18
- Doctors in a Private Office or Clinic .....	19
- CLSC services .....	19
- Info-Santé/Info-Social .....	20
- Hospital Emergency/Out-patient Clinic/Overnight Stay .....	20
- Home Services and Day Centers .....	20
- Access to Information .....	22
Bibliography .....	23

# Foreward from the Directors

This report was done in anticipation of the Laval Regional Access Committee who's mandate is to give advice on the health and social services access program developed by the *Centre intégré de santé et de services sociaux de Laval (CISSS Laval)* in accordance with sections 348 and 510 of the Act respecting health and social services.

The Regional Access Committee evaluates the access program and, if necessary, suggests modifications. The committee provides an opinion on the modalities of application, monitoring and evaluation of the regional access program. Additionally, the committee gives an opinion to the CISSS de Laval on the priority needs of the region's English-speaking clientele in terms of accessibility to health and social services in the English language. Finally, the committee makes recommendations regarding promotional and awareness activities related to accessibility of services in the English language.

Although we can agree that there is a need for improvement with regards to health and social services in the English language, there needs to be a buy-in from the various stakeholders to make changes. Networking and partnership development, representation, knowledge development, adapting services, addressing health determinants, community leadership and coordination are examples of how AGAPE is supporting Laval's minority English-speaking communities in improving and maintaining access to the full range of health and social services.

Laval is one of the regions with the fastest growing English-speaking population and as English-speakers, we have the legal right to request health and social services in the English language.

We want to thank the many senior citizens who generously gave their time to participate in the consultation. You have provided a voice for senior citizens of today and senior citizens of tomorrow. Without your collaboration, this consultation and report would not have been possible.

We hope that this report will help the CISSS Laval, municipal, provincial and federal governments, representatives, community organizations, educational institutions and private entities in adapting their services to meet the needs and priorities of Laval's English-speaking senior citizens.



**Kevin McLeod**

*Executive Director*

The Youth and Parents  
AGAPE Association Inc.



**Ian Williams**

*Assistant Director*

The Youth and Parents  
AGAPE Association Inc.

**SECTION 1:**  
This Report

This report presents information gathered from the Census of Canada, current research findings and public consultation concerning Quebec’s minority language seniors<sup>1</sup> with a focus on the seniors residing in the Laval region. The main objective of the document is to support the English-speaking community of Laval, their community organizations and their public institutions in ongoing collaborative efforts to effectively adapt programs and services to improve the health and well-being of their seniors.

## AGAPE: The Youth and Parents AGAPE Association Inc.

AGAPE is a non-profit, charitable organization whose mission is to enhance the vitality of the underprivileged English-speaking and multicultural people of Laval by offering a wide variety of services that promote and improve mental and physical well-being. Their vision is that all people of Laval have access to the indispensable things in life such as food, shelter and clothing and that all people have equal opportunity with regards to education and healthcare.

The name of this community organization comes from the ancient Greek word “agape” which is translated into English as “love; the highest form of love; charity; the love of God for man and of man for God”. “Agape” embraces a universal, unconditional love that transcends and that serves regardless of circumstances.

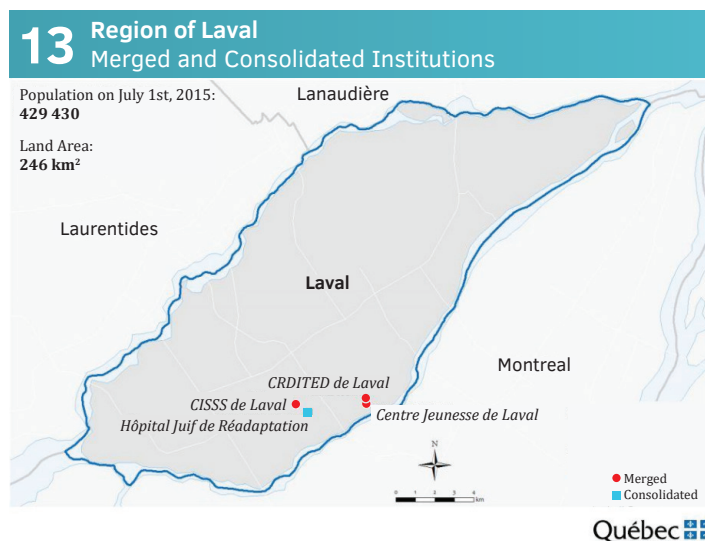
## AGAPE English-speaking Senior Wellness Centre

In 2018, AGAPE established the AGAPE Senior Wellness Centre to promote physical, mental, social and emotional well-being among Laval English-speaking senior citizens (55+). It is a place where seniors can access health-related conferences, resources and referrals by AGAPE’s coordinator in English. The center links with other social and leisure senior’s clubs around the region offering an array of age-friendly events and programs.

## The 2019 Consultation with Laval Senior Citizens

On March 1<sup>st</sup> 2019 AGAPE and the Senior Wellness Centre held a public consultation with Laval English-speaking seniors. The findings from the consultation, conveyed in this report, will be submitted to the Regional Committee for Access to Services in English<sup>2</sup> - a committee that makes recommendations to Le Centre intégré de santé et de services sociaux de Laval (CISSS Laval)- in support of their efforts to improve service access for Laval’s minority language population. The AGAPE team, thirty-six Laval seniors as well as representatives from the CISSS de Laval including its program for Mental Health and Dependency attended the two-hour session.

Detailed findings from the consultation are presented in Section 3 of this report.



1 Canada, in company with other nations around the world, has established language policy and legislation that recognizes its official-language minority communities and endorses a commitment to supporting their vitality. The Canadian government, through the *Charter of Rights and Freedoms* and the *Official Languages Act*, confers certain rights on English speakers in Quebec and on French speakers outside of Quebec in recognition of their status as Canada’s official-language communities in a minority context.

2 See the *Access Program to Health and Social Services in the English Language in the Laval Region* at, [http://www.lavalensante.com/fileadmin/internet/ciass\\_laval/Accueil/Politique\\_langue\\_anglaise/Access\\_Service\\_Program\\_English.pdf](http://www.lavalensante.com/fileadmin/internet/ciass_laval/Accueil/Politique_langue_anglaise/Access_Service_Program_English.pdf)

## **SECTION 2:**

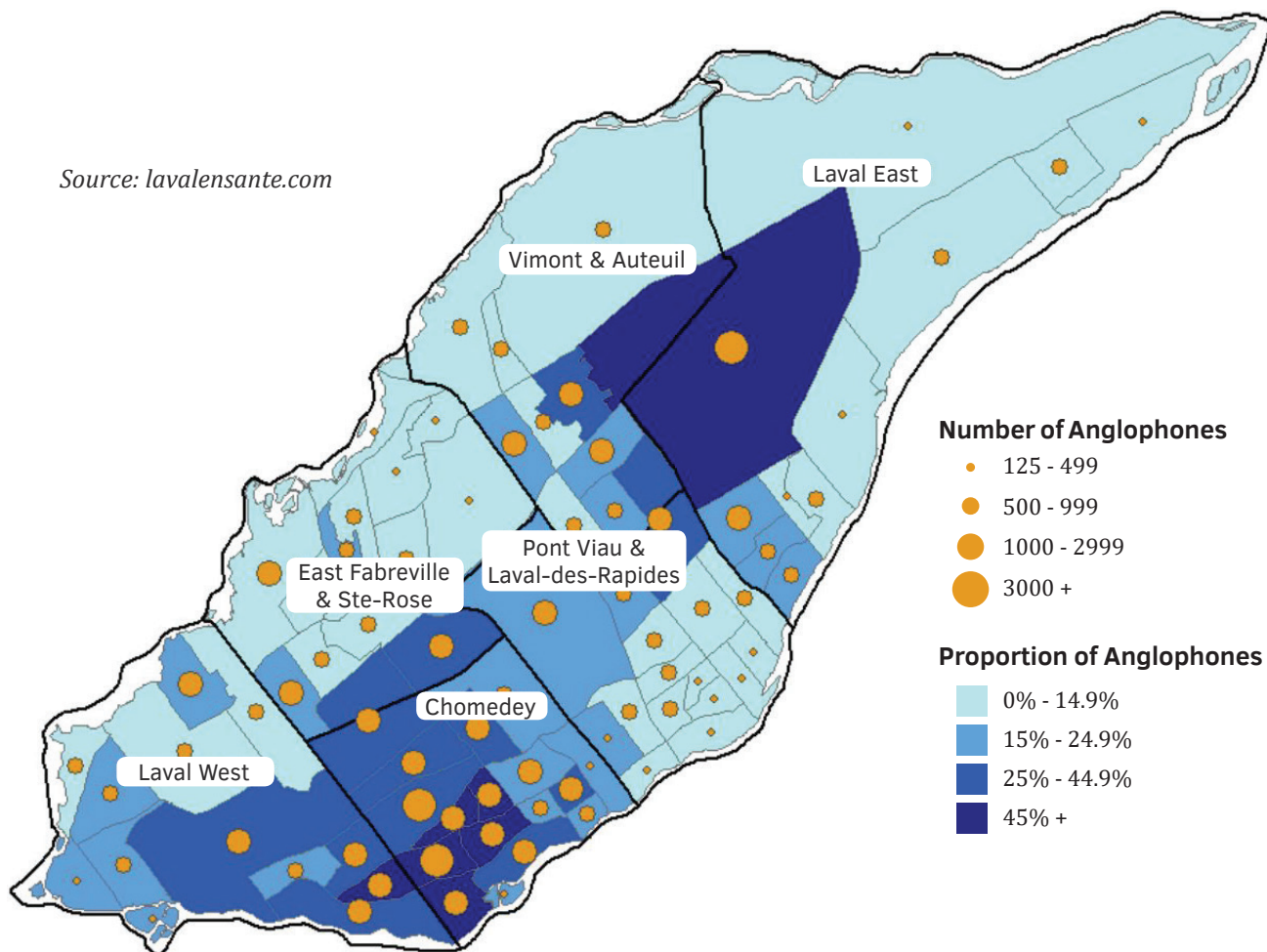
Key Social Determinants of Health  
and English-speaking Laval Seniors

There are many factors that combine to influence the health of individuals and communities. Social and economic factors such as workplace environment, access to health care services, income and education level, housing and relationships with friends and family shape the quality of our mental and physical well-being at every life-stage. These factors are called the social determinants of health and are a key consideration in policy and initiatives designed to reduce health inequalities in a population.<sup>3</sup>

## Population Size and Proportion of Seniors

According to the Census of Canada, in 2016 there were 1,097,925 English speakers living in the province of Quebec. Of these, 297,740 were seniors 55 years of age and over, representing a substantial 27.1% of Quebec's minority language population.

**In 2016, some 90,980 of Quebec's English-speakers were residing in the Laval region (RTS) representing 21.8% of the total population of Laval and 19, 930 of Laval's English speakers were seniors aged 55 years and over. Of these, there were approximately 9,835 English-speaking Laval seniors aged 65 years and over.**



<sup>3</sup> Health Canada lists some twelve health determinants that have been shown to have a strong influence on the health status of a population among which access to health services is included. See Mikkoven, J., & Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of Health Policy and Management <http://www.thecanadianfacts.org/>



## Socio-economic Status (SES)<sup>4</sup>

### Income

Long-standing and substantial research provides evidence that income and social status are key determinants of the level of health and well-being experienced by communities and their members. Level of income shapes overall living conditions, affects psychological functioning, and is associated with health-related behaviours such as quality of diet, extent of physical activity, tobacco use, and excessive alcohol use. Low-income Canadians are more likely to die earlier and to suffer more illnesses than Canadians with higher incomes, regardless of age, sex, race and place of residence.<sup>5</sup>

Studies also suggest that the distribution of income in a society is a more important determinant of health than the total amount of income earned by society members. Large gaps in income distribution lead to increases in social problems and poorer health among the population. *Income disparities within a population are associated with a lower health status and social inequalities.* A 2012 study produced by the Institut

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4 The socioeconomic status (SES) of an individual or group is typically established through consideration of such factors as educational attainment, income level, occupation and labour force participation. Some of these factors are less useful when applied to studies of older adults. Occupational status is often problematic, as most seniors have left the labour force. There is research that uses housing tenure as a proxy for wealth among seniors and a strong predictor of health status and overall quality of life. Adequate information on the housing situation of Quebec's English-speaking seniors is unavailable at the time of this report.

5 Public Health Agency of Canada, <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php#evidence>.



*nationale de santé publique Québec* (INSPQ) shows income “inequalities are greater in the Anglophone population of Québec at every level when compared with Francophones”.<sup>6</sup> According to the study, income disparities by region and gender were also greater among Anglophones and disparities were particularly high in the greater Montreal area.

### **Many of Québec’s minority language seniors live in families and communities with high levels of low-income and high levels of unemployment.**

Provincially in 2016, there were 359,020 English speakers (aged 15+) with income under \$20k. This group represents 38.5% of the English-speaking population (aged 15+). The proportion of English speakers with income under \$20k is much higher than that found in the French-speaking majority population in Québec. Across the province in 2016, there were 54,105 English speakers who were unemployed resulting in an unemployment rate of 8.9%. The unemployment rate of Québec’s English speakers was much higher than the unemployment rate of the French-speaking majority at 6.9%.

Viewed as a provincial group, 32.8% of English-speaking seniors 65+ were living on a low-income of \$20,00.00 or less annually in 2016.

**Among English-speaking seniors aged 65+ residing in the Laval region, 42.6% were living on an income of \$20k or less annually. This compares with 31% of French-speaking Laval seniors located in the same low-income bracket.**

## **Education**

In many ways, education is an important determinant of the health status of a community. In Canada, the level of education achieved by an individual tends to be an indicator of social status, and ideally, a predictor of economic opportunity. The overall level of health literacy and preventative health practice enjoyed by a community also tends to be associated with the years of schooling by those included among its members. Education increases understanding of how one can promote one’s own health through individual action.

In general, the research literature and Canada’s *National Population Health Survey* reveal that while education and income are both strong predictors of health status and life satisfaction, education tends to be the strongest predictor for seniors.<sup>7</sup> This is complicated, however, in the case of seniors given the extended length of time many seniors have spent outside the formal education system. Many seniors are at great risk of losing skills due to diminished use of their literacy skills over time.<sup>8</sup> The extent to which seniors are engaged in lifelong learning and reaping the benefits of learning at later life stages is an important consideration in calculating education as an SES factor. Higher levels of physical and psychological health, stronger social support and higher levels of personal autonomy and self-determination are among the benefits of learning for those in late adulthood.<sup>9</sup>

**In 2016, there were 10,925 English-speaking Laval residents aged 45-64 years whose highest level of educational attainment was high school leaving or less. They represent 41.7% of English speakers in this age group. There were 31,620 Francophone Laval residents aged 45-64 with the same low level of educational attainment representing 34.3% of this segment of the population.**

6 Institut National de Santé Publique du Québec (INSPQ) (May 2012) *The Socioeconomic Status of Anglophones in Québec. Government of Québec.* [http://www.inspq.qc.ca/pdf/publications/1494\\_SituationSocioEconoAngloQc\\_VA.pdf](http://www.inspq.qc.ca/pdf/publications/1494_SituationSocioEconoAngloQc_VA.pdf), p.24.

7 Roberts, P. and Fawcett, G. (2001) *At Risk: A Socio-economic Analysis of Health and Literacy among Seniors.* Statistic Canada: Ottawa. <http://www.statcan.gc.ca/pub/89f0104x/4151175-eng.htm>

8 Ibid.

9 Abu-Bader, S., Rogers, A. and Bartusch, A. (2002). “Predictors of Life Satisfaction in Frail Elderly”. *Journal of Gerontological Social Work*, Vol.38 (3) Haworth Press. See also Schuller, T., Preston, J., Hammond, C., Brassett-Grundy, A. and Bynner, J.(eds.) (2004) *The Benefits of Learning. The Impact of Education in Health, Family Life and Social Capital.* London and New York: Routledge

## Social Inclusion and Support

Social support from families, friends and communities is associated with better health. Social support influences physical and psychological health status, health-services use and health behaviours. A sense of belonging and inclusion can contribute to reduced levels of distress, improved safety and improved resiliency.

### Living Alone

Household living arrangements may be used as an indicator of groups within a population who are vulnerable to a poor health status. Individuals living alone may lack the important health benefits of a strong support network and their situation can be exacerbated in the event of activity limitations due to illness or aging.

The Special Senate Committee on Aging has identified unattached seniors and those considered frail as a vulnerable group.<sup>10</sup> Among Quebec's English speakers 65 years of age and over in 2016, 31.3% were living alone. The older age segment of the senior population identified as frail elderly are likely to be the most dependent on support from public institutions for the quality of their experience in all areas of their life.

**Among the 9,835 seniors 65+ living in the Laval region in 2016, 17.9% were living alone and of this sub-group 55.4% were living below the low-income cut-off (LICO).**

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10 Special Senate Committee on Aging. (2007) *Embracing the Challenge of Aging, First Interim Report*. [http://www.parl.gc.ca/40/2/paribus/commbus/senate/com-e/agei-e/subsitee/Aging\\_Report\\_Home-e.htm](http://www.parl.gc.ca/40/2/paribus/commbus/senate/com-e/agei-e/subsitee/Aging_Report_Home-e.htm)



## **Volunteering and Sense of Belonging**

According to the 2011-2012 *Canadian Community Health Survey* (CCHS), Quebec's English-speaking seniors stand-out among the age groups within their communities for their strong sense of belonging.<sup>11</sup> The levels of volunteering among Quebec's English-speaking seniors is markedly high when compared to Francophone seniors and their younger successors. Among CCHS survey respondents aged 65+, 61.9% of English speakers and 39.2% of French speakers had volunteered at least once a week in the previous 12 months.<sup>12</sup> This is an important form of social participation but it should be noted that these elders volunteer mainly in the English language and through local English language community organizations.

Even as they identify with their language community and make an important contribution to its vitality, the 2011-2012 *Canadian Community Health Survey* tells us that English-speaking individuals 65+ are less likely than other age groups to feel they have a trustworthy individual they can turn to for advice<sup>13</sup> or someone to rely upon in an emergency.<sup>14</sup> They were the survey respondents least likely to report having close relationships that provide them with a sense of emotional security and wellbeing.<sup>15</sup>

Among Laval's English-speaking survey respondents, only 67.7% affirmed the statement "There are people I can depend on to help me if I really need it" compared to 70.5% of Laval francophones. Among English-speaking respondents 65+, even fewer (60.4%) have people they can depend on.

**Among Laval's English-speaking seniors (65+), only 56.9% felt there were individuals "they could rely on in an emergency" which was the lowest rate among all the age groups surveyed.**

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11 Community Health and Social Services Network (CHSSN). (2015). Pocock (researcher). *Canadian Community Health Survey (2011-2012). Findings related to the Mental and Emotional Health of Quebec's English-speaking Communities*. [www.chssn.org](http://www.chssn.org)

12 Ibid., p. 94.

13 Ibid, p. 121.

14 Ibid, p. 119.

15 Ibid, p. 116.



## Unpaid Care

Family and friends of English-speaking seniors are an important support system and provide high levels of unpaid care. According to a Statistics Canada study, the high intensity level of caregiving for parents and spouses observed within English-speaking communities is associated with negative health effects on the caregivers such as increased depression and stress, work-related problems (reduction of work hours) and decrease in social participation.<sup>16</sup> Given that seniors are living longer and with chronic illnesses and mobility issues on the rise, the demands on family caregivers are very likely to continue to increase. This translates into a high demand for public homecare services to meet the needs of seniors and support caregiving families. This is most pronounced among English-speaking citizens who experience barriers in accessing services due to language or where low-income prohibits turning to private services.

In 2015, when Laval's English-speaking survey respondents were asked where they would turn for support services such as respite care, homecare assistance or counselling, 31.7% answered that they have no access to support services<sup>17</sup>.

**Among all of Quebec's regional English-speaking communities, Laval had the highest rate of English speakers with no support services to turn to.**

Some 30.9% turned to public health and social service institutions and 29.9% of Laval's Anglophone respondents turned to family and friends.

**In the same survey, respondents were asked, "Do you provide (unpaid) care for a vulnerable or dependent person?" Some 27.3% of Laval's English-speaking respondents said "yes" resulting in the highest level of unpaid care across Quebec's regional communities.<sup>18</sup> Among the same respondents, 69.6% were unsatisfied with the caregiver support services offered in their region.<sup>19</sup>**

**At a consultation held jointly by AGAPE and Centre intégré de santé et de services sociaux de Laval (CISSS de Laval) with Laval's English-speaking community on November 22, 2018 access to bilingual homecare workers and to seniors' residences offering bilingual services emerged as priority concerns.**

## Access to Health and Social Services

Access and regular use of health and social services to prevent and treat disease influences the health of individuals and communities. Not only is physical proximity required to access services that ensure positive health outcomes but also the nature, quality and appropriateness of the services must be considered. Factors like timeliness, the number and range of expertise among a team of health professionals and health care that is sensitive to linguistic and culturally diverse sub-populations all contribute to the type of engagement citizens are likely to have with their public health institutions. Lack of information regarding health and social service offerings, low health literacy, obstacles to communication, lack of private insurance plans and insufficient income to cover the costs increasingly associated with medical testing, drugs and home-based care all tend to contribute to health inequalities within a population.

**According to the CHSSN 2015 Survey on Community Vitality, when the English speakers of the Laval region were queried with respect to their satisfaction with health and social services in their region 50.4% of survey respondents said they were not satisfied.<sup>20</sup>**

16 Williams, (2004). "The Sandwich Generation", *Perspectives*, Vol:5, No.9, pp.5-12. Statistics Canada Catalogue No.75-001-XIE.

17 Community Health and Social Services Network (CHSSN) (2015). *Baseline data Report 2015-2016. English-language Health and Social Services Access in Quebec.* <http://chssn.org/wp-content/uploads/2014/11/BDR-2015-2016-CHSSN-CROP-Access-Report.pdf>. P.20.

18 Ibid., p.18.

19 Ibid., p. 22.

20 Ibid., p. 11.

## Language Barriers

Studies have confirmed that language barriers affect access and quality of care for linguistic minority communities. Obstacles to communication can reduce recourse to preventative services; increase consultation time including the number of tests and the possibility of diagnostic and treatment errors; affect the quality of services requiring effective communication such as social services; reduce the probability of treatment compliance and reduce users' satisfaction with the services received.<sup>21</sup> In the complex context of a medical situation where the communication between care provider and patient is a key factor in the achievement of a positive health outcome, it is not surprising that the language spoken most often is considered the most effective. The treatment by health professionals of sensitive issues such as cancer, addiction, or depression, requires ease of communication as a feature of building trust and offering comfort to patients.

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21 Bowen, S. (2015) for Société Santé en Français (SSF). *Impact of Language Barriers on Quality and Safety of Healthcare*. <http://santefrancais.ca/wp-content/uploads/SSF-Bowen-S.-Language-Barriers-Study-1.pdf>



Importantly, English-speaking seniors are less likely to be proficient in the French language compared to English speakers of the younger generation; and those that are bilingual tend to experience the second language attrition that is typically associated with aging and a decline in health.

**According to the 2011 Census of Canada, among English-speaking Quebecers aged 55+, 54.4% reported being English/French bilingual. In the Laval region, 53.6% of this age group were bilingual.**

**The rates of bilingualism for English speakers 55-64 years of age residing in Laval was 64.5%, for those 65-74 it was 47.7% and for those 75+ it was 37.6%.<sup>22</sup>**

**According to the 2015 Survey on Community Vitality, 60.6% of English-speaking respondents aged 65+ reported relying on a family member as a source of assistance in communicating with a service provider.<sup>23</sup>**

## **Health Information**

Access to health information is a prerequisite to use the health and social service system. Awareness of clinics and programs offered to Quebec citizens through the public health institutions in their region is a precondition of participation and subsequent positive health impact.

Health literacy skills can be defined as ‘the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health’.<sup>24</sup> Studies have shown that lower health literacy skills bring a greater risk of long-term, life-limiting, health conditions, more difficulty managing medications<sup>25</sup>, and, in older people, earlier mortality.<sup>26</sup>

**At a consultation held jointly by AGAPE and Centre intégré de santé et de services sociaux de Laval (CISSS de Laval) with Laval’s English-speaking community on November 22, 2018 the need for more promotion of services available in English was prioritized.**

**According to the 2015 Survey on Community Vitality, when Laval English speakers were asked “In the last two years, have you received information on a public health promotion or prevention program in English from the public health system?” only 12.5% of respondents answered “yes”.<sup>27</sup>**

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*In the 2019 consultation with Laval seniors, several participants described the improvement in access to information with the establishment of the AGAPE Senior Wellness Centre.*

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22 Quebec Community Groups Network (QCGN). (2013). Pocock (researcher). *Socio-demographic Profile of Quebec’s English-speaking Seniors. Section 2.* P.11. <http://www.qcgn-seniors.org/statistical-profile.html>

23 Community Health and Social Services Network (CHSSN) (2015). *Baseline data Report 2015-2016. English-language Health and Social Services Access in Quebec.* <http://chssn.org/wp-content/uploads/2014/11/BDR-2015-2016-CHSSN-CROP-Access-Report.pdf>. p 61.

24 World Health Organisation (2015) *Health Literacy Toolkit for low- and Middle-Income Countries. A Series of Information Sheets to Empower Communities and Strengthen Health Systems.* World Health Organisation, Geneva.

25 Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., Viera.A., Crotty, K. et al. (2011) “Health Literacy Interventions and Outcomes: An Updated Systematic Review”. *Agency for Healthcare Research and Quality*, Rockville, MD.

26 Bostock, S., Steptoe, A. (2012) “Association between Low Functional Health Literacy and Mortality in Older Adults: Longitudinal Cohort Study”. *British Medical Journal*, 344, e1602.

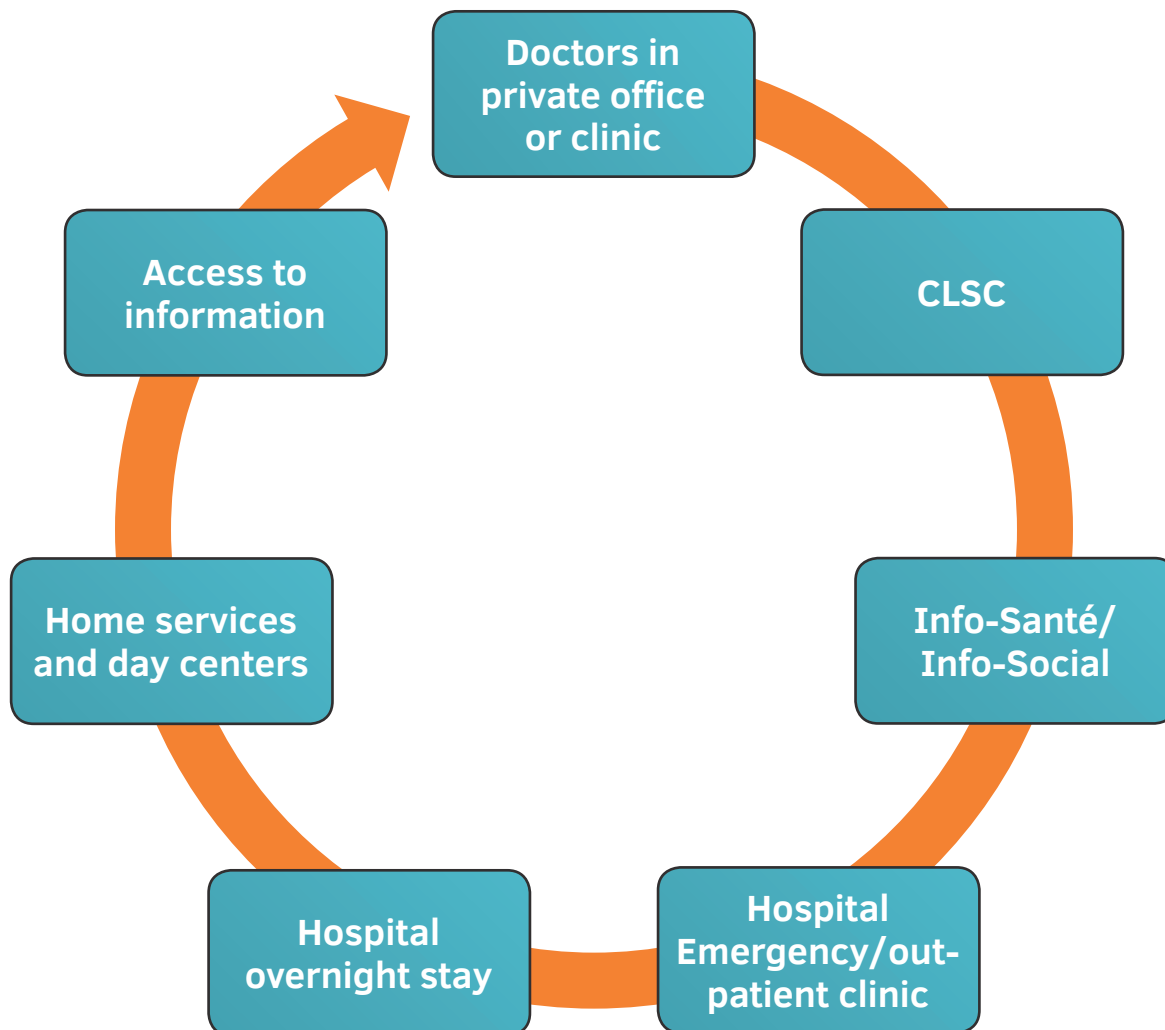
27 Community Health and Social Services Network (CHSSN) (2015). *Baseline data Report 2015-2016. English-language Health and Social Services Access in Quebec.* <http://chssn.org/wp-content/uploads/2014/11/BDR-2015-2016-CHSSN-CROP-Access-Report.pdf>. p.69.

**SECTION 3:**  
2019 Consultation Findings



## The Session

On March 1<sup>st</sup> 2019 AGAPE and the Senior Wellness Centre held a public consultation with Laval English-speaking seniors to learn about their experience in accessing health and social services in their region. The AGAPE team, thirty-six Laval seniors as well as representatives from the CISSS de Laval including its Regional Access Committee and program for Mental Health and Dependency attended the two-hour session. The session included a small survey answered individually as well as a moderated group discussion. Consultation participants were asked to confine their comments primarily to the areas of service indicated by the accompanying diagram. Questionnaire response sheets, taped recordings of the session, and session notes by AGAPE were the basis for reporting.



## Participant Profile

Of the 35 seniors who provided demographic information 27 were women and 8 were men most of whom have resided in the Laval region for 40 years or more. With respect to age, 17 of the consultation participants were between the ages of 71 and 80 years; 12 were 81 years and over; 5 were between 61 and 70 years; and 1 was between 51 and 60 years of age.

It should be noted that generally the seniors in attendance represented a mobile group with strong communication skills. Frail elders with mobility limitations, whether physical or mental, and their caregivers were less represented among the attendees.

# Participant Survey Responses and Discussion Commentary

## Areas of Most Satisfaction

Many consultation participants expressed satisfaction with their ability to communicate in English with their regular doctor in his office or at a clinic when they visited either for themselves or to help another person. According to the survey, there was a high level of agreement among respondents (90%) that it was very important to have a regular doctor who could offer service in English.

## Areas of Least Satisfaction

Access to information in English regarding health and social service programs being offered locally and adequate understanding of a specific health condition was a point of concern for Laval seniors.



Communication around appointments, test procedures and results as well as treatment plans is considered very poor. Commentary frequently underlined that poor communication in these areas had a negative impact on the outcome of their medical treatment and recovery. No participants reported receiving the offer of a translator to facilitate communication in any area of service.

The perception of many participants is that the need for service in English is not considered in the planning of homecare services and living arrangements for Laval seniors who need support. There is pressure to go out of the region for services due to language barriers which results in a delay in seeking health care and homecare support. It often results in having no access to support at all. Transportation can be more of a challenge for seniors than other age groups. Having to relocate out of the local area can mean reduced contact with a network of friends and family.

## **Doctors in a Private Office or Clinic**

- Seniors reported they often feel that their health issues are not adequately communicated or understood and that this interferes with appropriate diagnosis and treatment. One participant explained that her doctor was medically competent and even bilingual but that his proficiency in the English language wasn't sufficient for her to fully communicate an accurate description of her health. She felt there were gaps in their exchanges such as symptoms overlooked, or medical explanation not offered, due to language barriers and this is a cause of stress. She suggested that the process of switching doctors to enable patients to locate professionals with strong English language skills should be made easier.
- Participants frequently mentioned lack of clarity in the explanation of test results and the recommendations for patient follow-up. A consultation participant commented that due to poor communication with her doctor in the interpretation of x-ray results she had gone for years not knowing her ailment or receiving treatment until she eventually consulted with an Osteopath independently.
- Consultation participants frequently underlined their difficulty with telephone communication regarding appointments. These calls included information on appointment scheduling, directions for preparation in the event of an appointment regarding testing or a procedure, and directions to a specific location. Messages are rarely understood and returning the call for clarification is impossible.

## **CLSC services**

- Laval seniors frequently turn to a CLSC for their health and social service needs. According to the survey of consultation participants, most of those who had used the services of a CLSC either for themselves or to help another person in the previous twelve months had not received service in English. Among those that did receive service in English, it tended to follow upon a request for English rather than a direct offer by administrative staff and medical professionals.
- Many Laval seniors rely on family or friends for assistance in communication in their visits to clinics and CLSC's due to lack of services offered in English. This complicates their access to health care in that they must organize their appointments around the availability of others and this often results in reducing contact with health professionals in general. Participants mentioned that there are health concerns they do not feel comfortable discussing in the presence of a friend or family member so these tend to go unaddressed.
- Survey responses indicate that participants are more likely to be able to communicate in English with the health professionals at the CLSC and less likely to do so with reception staff. This causes difficulty in understanding directions regarding procedures, making appointments and in navigating a facility. The majority of consultation participants did not have access to information forms, or forms requiring the patient provide information on their health status, in English.

- Some CLSC's are known to offer service in English more than others and participants expressed frustration with not having more choice in the CLSC they were permitted to use for their health needs. For some, transportation to their CLSC and to other points of service is a challenge.
- The long wait times for blood tests and other procedures were frequently mentioned as discouraging people from pursuing services.
- The cost of some services (some blood tests, rentals) at the CLSC was mentioned as a barrier to access.

## **Info-Santé/Info-Social**

- Consultation participants were not frequent users of Quebec's telephone health line. Among those who reported using Info-Santé or Info-Social in the previous twelve months either for themselves or to help another person, the majority received service in English upon request.

## **Hospital Emergency/Out-patient Clinic/Overnight Stay**

- When it comes to hospitals many consultation participants were not regular users of healthcare in Laval and instead used an out-of-region hospital, the Jewish General hospital, in order to receive service in English.
- Many Laval seniors offered positive comments regarding their hospital experience and numerous examples were cited of service received in English. Sacré-Cœur hospital in Cartierville was noted for providing satisfactory service.
- Language barriers were experienced in the admittance area of the hospital where service in English was sometimes refused.
- According to survey responses, among those who had experienced an overnight hospital stay in the previous twelve months the concerns were with (1) the lack of pre-intervention and post-intervention instructions in English as well as admission forms and discharge instructions (2) and difficulty in their communication with medical technicians in English. Navigating the hospital facility as well as communication with doctors and nurses in English was not seen as a difficulty.
- One senior described a hospital emergency experience where the triage nurse only spoke limited English. Fortunately, she had accompanied her husband and is competent in French and so was able to provide translation on her husband's behalf. She feared that the quality of service he was given would have been compromised if the transaction had been in English. Her comments were supported by others.
- One consultation participant suggested it would be helpful if patients could identify the nurses who are competent in the English language. When she worked at the Jewish General in the 1970's there was list that indicated the languages spoken by all the nurses so that patients who requested care in different languages, not just French and English, could be accommodated.

## **Home Services and Day Centers**

- Consultation participants expressed concern that there were few living arrangements for English-speaking seniors who need support services in the Chomedey area. One speaker inquired whether there were plans to introduce a new rehabilitation center in the Chomedey area. Her perception was that the formerly Jewish Anglophone rehabilitation hospital was now giving priority to Francophones through Cité de la Santé Hospital. She cited an example of a friend who was over 80 years of age when she had to relocate to another region to benefit from similar services.
- While general satisfaction was expressed with the home services offered consultation participants pointed out that the waiting time for services is long and even longer for those needing a nurse who can

communicate in English. In the event of a crisis where care is needed immediately as in the recovery from a hip injury or the loss of a spouse as the primary caregiver, the delay in assistance is very difficult and a safety risk.

- Private services to fill the gap when home care is delayed or unavailable are expensive and not always available in English.
- A limitation of the public consultation was that many Laval seniors and their caregivers who rely on home care services were unable to attend and describe their experience.



## Access to Information

- The need to remove language barriers in accessing health information emerged from the 2019 consultation with Laval English-speaking seniors as a priority issue.
- Consultation participants reported being disadvantaged due to the lack of information in English regarding programs offered by their regional public health and social service institutions. They feel they do not benefit from programs designed for seniors, information sessions regarding prevalent chronic conditions and support groups for families caring for vulnerable elders because they are not promoted among the English-speaking community.
- **Several consultation participants described the improvement in access to information with the establishment of the AGAPE Senior Wellness Centre.**
- Participants frequently mentioned that telephone communication was completely inadequate. Messages left on an answering machine are spoken quickly, in French, and the information is not repeated. If the caller, usually a receptionist, is asked to repeat the information in English she/he often refuses or simply cannot. In this situation, the patient has no obvious place to turn to gain access to the information. This means information on appointment times, location of appointments and any sort of directions in preparing for a test or procedure – all critical to a timely diagnosis - is not successfully delivered.
- The lack of forms in English at the hospital or CLSC often places extra demand on the receptionist to translate and often she/he cannot speak English. This creates extra stress/discomfort for both the health worker and the patient and the whole process takes more time than it should.



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## Laval English-speaking Senior Wellness Centre

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The Senior Wellness Centre promotes physical, emotional and mental well-being among Laval's English-speaking seniors. It is a place where seniors can go for health conferences, resources, referrals with a social worker, cognitive activities (board/card games), organized bus trips, computer/tablet courses and meetings with other members of the community, and **everything is in English!**

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