Community Portrait: St. Léonard

May 2013

Portrait of the English-speaking Community of St. Léonard

"Reaching beyond government to involve civil society and the voluntary and private sectors is a vital step towards action for health equity. The increased incorporation of community engagement and social participation in policy processes helps to ensure fair decision-making on health equity issues." (WHO, 10).

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Front Cover Image
Credit: http://en.wikipedia.org/wiki/File:Église_Saint-Léonard.jpg

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A project on community development

In 2009, the Community Health and Social Services Network (CHSSN) concluded an agreement with Quebec's Institut national de santé publique (INSPQ) to develop knowledge on the English-speaking population of Quebec as part of a program concerning health projects for official language minority communities. Gaining a better understanding of English-speaking communities in Quebec is one of the objectives of that collaboration, and it is explored here through the lens of community development.

Community development has been defined as "a voluntary cooperative process of mutual assistance and of building social ties between local residents and institutions, with the goal being to improve physical, social, and economic living conditions."[1] The idea is for community members to take collective action and generate solutions to common problems by planning the development of all aspects of community well-being. The goal is to improve people's quality of life and to reduce social inequalities.

There are many different approaches to community development and many different groups that are engaged in it. Public health workers are one of those groups. In the Quebec context, community development has been identified as one of the main intervention strategies in public health. Many regional health boards and health centres are therefore engaged in community development.

The process of community development is grounded on several strategies:
- Community engagement
- Empowerment
- Intersectoral collaboration and partnership
- Political commitment leading to healthy public policy
- Capacity building

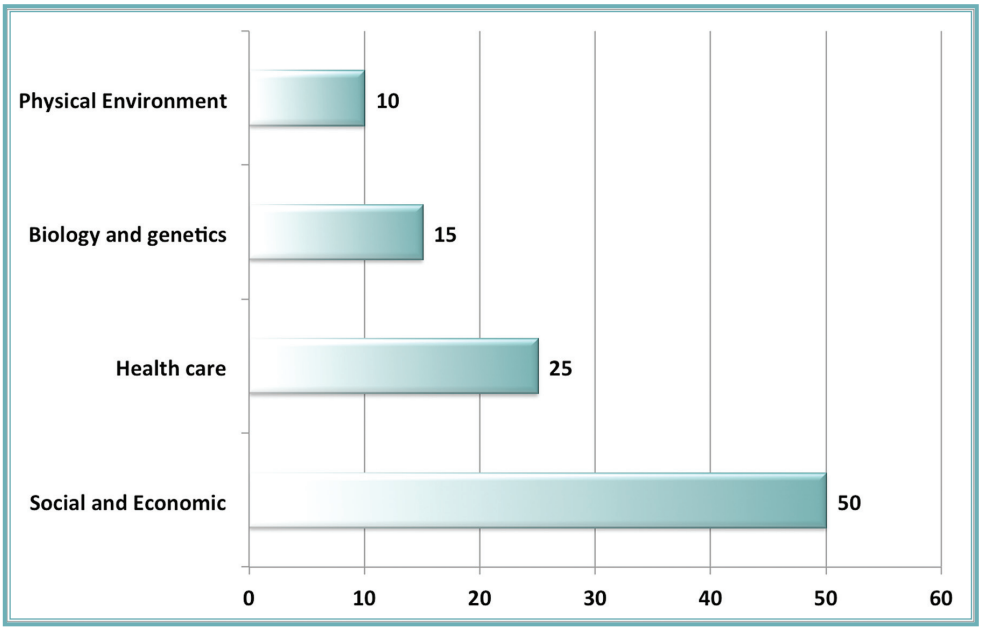
The underlying principle is that individuals and communities need to be empowered to take greater control over their health and future, with a view to reducing inequality among community members[2].

Building healthy communities

In keeping with the CHSSN's commitment to a population health approach that takes into account the range of health determinants, this project adopts a holistic view of health. This means examining ways to improve people's health, and the health of the community more broadly, through a socio-environmental approach, which considers health as a product of social and environmental determinants that interact to influence our health status.

The many different factors that contribute to health are referred to as health determinants. Health determinants are defined as the individual, social, economic and environmental factors that can be associated with specific health problems or with overall health status[3]. Although there are many health determinants—income and social status, social support networks, education, employment and working conditions, physical environments, biology and genetics, health services, and more—research shows that socio-economic and physical environments are among the main determinants of health.

Even within the same region, there are major differences between communities in terms of health, well-being, and quality of life and some of these differences are related to varying social and economic conditions.



Lalonde, Marc (1974) A New Perspective on the Health of Canadians, Ottawa: Health and Welfare Canada

This means that communities can have an impact on the health and well-being of their residents by working to reduce inequalities among people, and by creating a "healthy community."

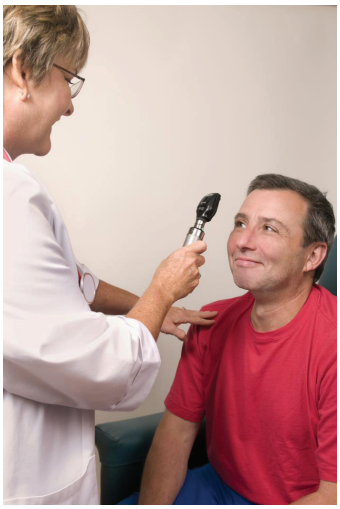
A healthy community is considered to be one in which:

- Residents have access to **quality drinking water, food and housing**
- Residents **feel safe** in their community
- Residents have **access to work** that satisfies them
- Residents enjoy a clean, safe, high-quality **physical environment**
- The community has a wide range of well-coordinated **support groups**
- Residents maintain connectedness with their past, their cultural and biological heritage and with other individuals there by developing a real **sense of belonging to their community**
- A wide variety of **social, sports and cultural activities** encourage residents to adopt active and healthy life residents have easy **access to public and private services**
- Economic activity in the municipality has a **strong and diversified base**
- Residents are **active participants** in the decisions that affect them
- Residents have access to **appropriate health care services** and generally enjoy good health[4]

A significant number of health determinants are beyond individual control and only the community can have an impact on them. Therefore, just as individual empowerment is important for health and well-being, so too is community empowerment. This means building the community capacity to structure itself in ways that help to improve the quality of life of its members. Beyond such traditional indicators as the economy and demographics, we must take into account factors such as democratic life, community dynamics and social capital, all of which testify to the health of a community as a living entity[5].

Access to health care among minority language groups

After social and economic conditions, health care is the next most significant determinant (estimated to account for about 25% of people's health). Having access to health and social services is therefore vital. However, many factors can play a role in facilitating or hindering access to such services. Research shows that language is one of these factors and can therefore be considered a health determinant.



Language barriers can create inequalities in health status because problems in communication and understanding reduce the use of preventative services, increase the amount of time spent in consultations and diagnostic tests, and influence the quality of services where language is an essential tool—such as mental health services, social services, physiotherapy and occupational therapy. Language barriers also reduce the probability of compliance with treatment and diminish the level of satisfaction with the care and services received[6]. Minority language communities often have greater difficulty obtaining services in a language they understand well, and even official language communities face barriers.

Among English-speaking Quebeckers, access to health and social services remains a challenge for many, in spite of the fact that rates of bilingualism in this group are on the rise, and English speakers are more likely than other language groups to be able to converse in both French and English[7]. There is, as well, a wide variation in accessibility and quality of health and social services in English across the province[8].

The Community Health and Social Services Network was founded in 2002 in response to these difficulties experienced by English-speaking communities. It was established to support communities in their efforts to develop community infrastructure and build strategic relationships and partnerships within the health and social services system to improve access to services[9]. In doing so it aims to support English-speaking communities in Quebec in their efforts to redress health status inequalities and promote community vitality. Through a series of projects and partnerships that link community and public partners, the CHSSN is working to strengthen networks at the local, regional and provincial levels in order to address health determinants, influence public policy and develop services.

How is it that a group that is the linguistic majority in all other provinces (indeed in North America as a whole) needs such support? The situation of English-speaking Quebeckers has changed over recent decades and a better understanding of those transformations can help shed light on current realities.

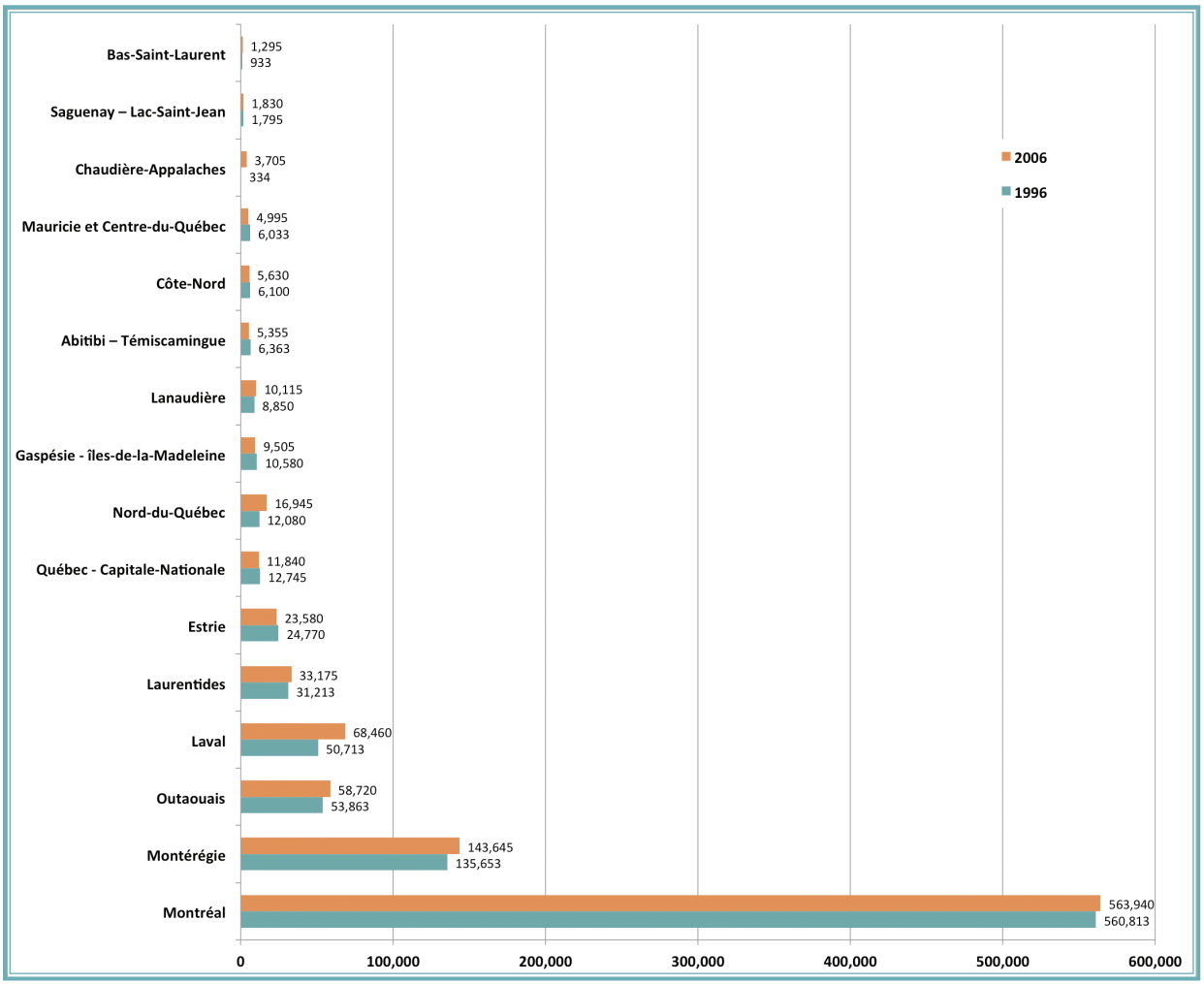
Changing realities among English speakers in Quebec

Since the British Conquest in 1759, the English-speaking population of Quebec has experienced significant demographic, political and economic changes. Following the defeat of the French forces, increasing numbers of English speakers came to settle in what is now Quebec. While by no means were all these settlers well-off, historically the English-speaking population has been well-represented among Quebec's economic and political elite. The position of English speakers remained strong until at least the mid-20th century, however

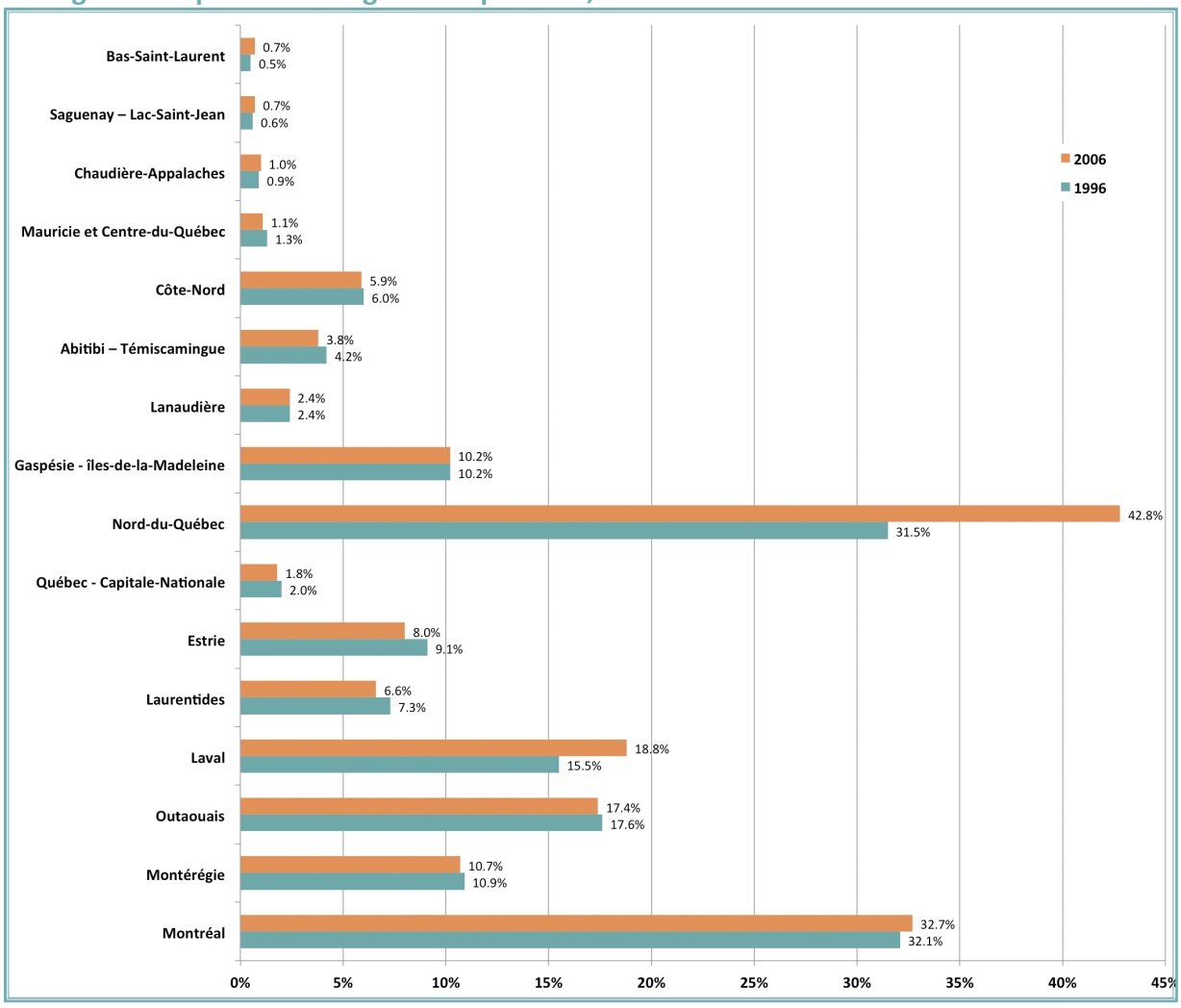
changing political circumstances led to an increasing outflow of English speakers from the province and a decline in the vitality of some of the communities they composed. Thus, from 1971 to 2001, the population who spoke English as their mother tongue dropped by 25% and its share of Québec's population fell from 13.1% to 8.3%. Meanwhile, the French-speaking population rose slightly (from 80.7% to 82.5%) while speakers of other languages almost doubled their share of the total population (from 6.2% in 1971 to 10.3% in 2001)[10].

However, over the 1996 to 2006 period, the English-speaking population in Quebec grew by 68,880, while its share of the provincial population was slightly higher in 2006 than it had been in 1996. The 2001-2006 period was one of growth for most English-speaking regional populations, with only the English-speaking groups in Côte-Nord and Gaspésie - Îles-de-la-Madeleine showing a decrease in size over that period. Relative to the total population, only Estrie and Laurentides experienced a drop in their share of the regional population. The regions in which the English-speaking population grew most were Montreal, Laval, Montérégie and the Outaouais.

Changes in Size of the English-speaking Population, 1996-2006[11]



Changes in Proportion of Regional Population, 1996-2006[11]



But what is an "English-speaker"? The English-speaking population of Quebec includes citizens throughout the province who choose to use the English language and who identify with the English-speaking community. For some of those people English is their mother tongue, while for others English is the first official language they speak, and their mother tongue is a language other than English or French. In areas with high levels of immigration (notably in the Montreal area), the decline of the English-speaking population has been mitigated by some of these Allophones who speak English as a second language.

The English-speaking community has always been diverse in its make-up (originally comprising English, Scottish, Welsh and Irish, Catholics, Jews and various Protestant denominations, among others), and that diversity has increased over time to encompass people from a broad range of origins around the world. Today the English-speaking community is made up of many sub-communities that are multicultural and multiracial[11]. In addition, the contexts in which they are located vary greatly. **While the majority of the population with English as their first official language lives in the Montreal area (about 80%)[12], many English-speaking communities are located in rural or remote areas of the province. In some cases, English speakers are a very small proportion of the local population, while in other municipalities they may represent a significant percentage, or even a majority.**

These changing demographic realities present a number of challenges to English-speaking communities, such as the issues related to an aging population and to outmigration among caregivers and youth. For example,

among the population who speak English as their mother tongue, 8.3% left Québec for the rest of Canada between 1991 and 1996, and that percentage rose to 8.9% between 1996 and 2001. The rates for the total population were only 1.6% and 1.7% for those periods. Younger English speakers were the most likely to leave the province: 15.8% of those between 25 and 34 years old moved away, while fewer people age 65 and over left[13]. This means that the **generations that represent the future of their communities and can take care of ageing relatives are often not around to do so. Those who stay can be overburdened with care-giving**, and the age structure of the community becomes skewed towards the older age groups. The impact on health and the need for services can be significant.

Another challenge is the socio-economic status of English speakers in Quebec. Although poverty does not affect all English-speaking Quebeckers, it is a reality for many, and the gap can be significant between French and English speakers. For instance, **in some regions, English-speaking families are more likely to have a low income compared to their French-speaking neighbours. The same is true for educational attainment: in some regions English speakers are less likely than their French-speaking peers to have completed high school or to have pursued post-secondary education**[14].

These issues are good indicators of demographic vitality, an important dimension of community health. Demographic vitality refers to community characteristics such as the rates of ageing and unemployment, the proportion of caregivers to seniors, population size, and in the Quebec context, level of bilingualism[15]. Understanding demographic vitality allows health care workers, municipalities, policy makers and community residents to plan properly for services, activities and programs which will meet the needs of the community. For example, when a community has a large proportion of seniors the burden of care is greater on the care-giving generations, and steps may need to be taken to address the needs of both seniors and their care-givers. Or **when a community is losing its population, community services and institutional structures lose vital human capital and social networks are eroded, so planning needs to focus on strengthening the social fabric.**

This project is being carried out within the context of these transformations, and we therefore aim to document and illustrate the wide diversity of English-speaking communities in Quebec. This is being done through community portraits.

Six portraits of English-speaking communities in Quebec

In order to get a more detailed understanding of current realities in English-speaking communities, this action research project adopts a participatory method by which a "portrait" is drawn of the community. Six of the CHSSN's Networking and Partnership Initiatives chose one community in their area to participate in a process aimed at developing a portrait of that community. In keeping with community development principles, this project is carried out in the spirit of community-based participatory action research. In practice this means that the work is centred on the community (village, neighbourhood, community of identity), involves community members in the process, aims to inform action (future directions for policy, programs, and projects), and involves the systematic collection of information. It is predicated on the conviction that the community is the expert on itself. Through participatory action research, participants develop knowledge, the ability to think critically, and a culture of learning. Communities are then better able to identify and develop local solutions to local problems. Researchers who work with this method find that individuals and communities can be empowered through the process[16]. Empowerment is the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. Central to this process are actions that build individual and collective assets, and

improve the efficiency and fairness of the organizational and institutional contexts which govern the use of these assets.

In choosing the communities to involve in this phase of the project we aimed for diversity. Some communities are in urban, multicultural environments, others in rural, small town communities, and others in remote communities of Québec. In some places English speakers are a very small percentage of the population; in others they represent a larger proportion. Some communities are thriving while others are more vulnerable. Consideration was also taken for local interest and capacity for being involved in doing a community portrait. In some cases a community was chosen because the Networking and Partnership Initiative (NPI) coordinator or host organization felt it was a good opportunity to reach out to that community and get to know it better. In other cases, there was a convergence of interests that made it a good time to bring together stakeholders and pool knowledge and resources, for instance, as a municipality developed a family and seniors policy, or as a health centre assessed the needs of the English-speaking community.

The six communities selected for this phase of the project are as follows:

Community	Region	Regional Association
Sutton	Montérégie-Est	Townshippers' Association
St-Leonard	Montréal-Est	Réseau de l'est de l'île pour les services en anglais (REISA)
Laval	Laval	Youth and Parents AGAPE Association Inc.
New Carlisle	Gaspésie	Committee for Anglophone Social Action (CASA)
Sept-Îles	Côte-Nord	North Shore Community Association (NSCA)
Bonne-Espérance	Basse-Côte-Nord	Coasters Association

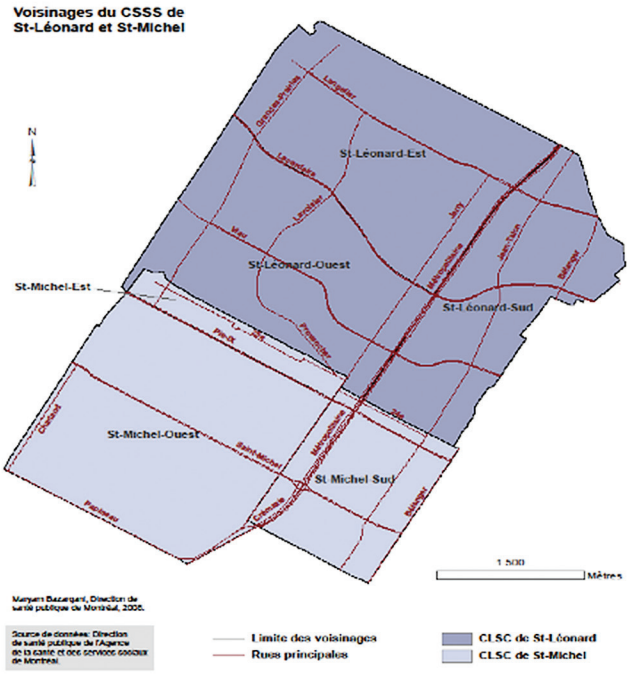
The method for completing the community portraits is inspired by various approaches used by groups active in community development, notably in the Healthy Communities movement (Réseau québécois de Villes et Villages en santé), among municipalities and by public health boards. There are several steps to completing these portraits. The first is to engage local stakeholders in the process. The second is to gather existing data, in the form of statistics, past reports and other information on the community. The third step is to obtain qualitative data via a town hall meeting (community consultation) where various themes are discussed and community members are asked to share their perspectives on their community. In some cases, in order to ensure that all perspectives are heard and a wide range of people are contacted, focus group interviews or individual discussions may be held with other community members.

The information gathered is then analyzed and summarized by theme, focusing in each case on the community's assets, and the challenges it faces as concerns social and community life, the economy and incomes, education, the environment, and health and well-being. The information is then summarized and a portrait drawn up, after which it is validated with community members and other stakeholders. This portrait presents the result of that process. The portraits can then be used to plan actions based on local realities, as defined by community members. Since each community is different, the way of addressing issues will necessarily vary, as will outcomes.

Saint-Léonard:

A BUSTLING COMMUNITY WITHIN A LARGE METROPOLIS

St. Léonard is a borough located within the city of Montreal. It has a unique history which makes it what it is today. From the first Francophone inhabitants to the influx of Italians and more recently North Africans, St. Léonard is a rich cultural melting pot.



St. Léonard is situated in the North-East sector of the city and lies within a series of main transportation arteries such as Boulevard Lacordaire, Boulevard Langelier, and Boulevard Viau as well as Rue Jean Talon, the Metropolitain Highway and Rue Jarry. St. Léonard is divided into South, North and West by these arteries. Over recent decades, St. Léonard has been adapting to modified municipal boundaries until it became its own district after municipal mergers in 2002. With respect to CSSS territories, St. Léonard is part of the CSSS de St. Léonard et St. Michel, it's neighbour to the south. As we will see throughout this document, St. Léonard and St. Michel share both similarities as well as significant differences. Information will therefore be presented by CSSS territory when pertinent, however due to the differences between St. Léonard and St. Michel, we have found that presenting data for St. Léonard on its own is more telling. Statistics for St. Léonard and St. Michel will occasionally be compared to one another as they are part of the same CSSS and immediate neighbours.

In 2011, the population of St. Léonard stood at 75,707 inhabitants, a 5.5% increase in population since 2006. It is Montreal's eleventh most populated borough (out of nineteen) and covers a territory of 13.5 square kilometres[17].

History of St. Léonard

1886-1950

From the mid-nineteenth to the mid-twentieth century, St. Léonard was mostly rural. It had low population density and residents did not have a tendency to move. The population was made up primarily of French Canadians who worked in agriculture[18]. As times changed, so did the population of St. Léonard. People started migrating to different areas of what we now know as the greater Montreal Region. This was accompanied by a large migration into St. Léonard as well.

1955 to mid-1970s: a demographic explosion

During the period from 1955 to the mid-1970s the population of St. Léonard rose dramatically: in 1956 there were 925 residents, and by 1971 there were 52,040. This increase was due to three main factors. First, a housing cooperative purchased a large piece of land on which to build low to middle income housing, giving families greater access to homes in the suburbs.

Public transit used in 1962 in St. Léonard suburbs.
Source: coolopolis.blogspot.com

The second factor is related to the influx of neo-Canadians of Italian origin, which had a significant impact on the social and cultural make-up of St. Léonard. The last factor was the large scale urban planning of St. Léonard, for example the rapid modernization and expansion of the public transit system[19].

The Italians in Canada, Montreal, and St. Léonard

The period from 1948 to 1971 was marked by Italian immigration, not only in Montreal but in all of Canada. Between those years, roughly 457,000 Italians immigrated to Canada, an average of 19,800 Italians per year. As opposed to the seasonal pattern in the first wave, immigration in this period was largely permanent.

The massive immigration boom can be attributed to revised policies (prior to the 1967 immigration policy) and an upsurge in job opportunities mainly in the secondary sector. Whereas the first wave was assisted by the "padrone" system, it was the family that generated the chain migration in the second wave. Italians coming from the south of Italy followed relatives already in Canada, and found jobs in the secondary sector (e.g. construction) that matched their skills. The fact that native Canadians generally rejected these jobs amplified the need to find immigrant workers to fill the positions.

In 1967, the introduction of the Canadian point system had the effect of decreasing the number of Italians coming to Canada. This system emphasized educational and occupational skills as selection criteria for admitting immigrants. It was implemented to facilitate the entrance of immigrants with greater human capital (i.e. education, sufficient work experience, financial status), which many southern Italians did not have. As a result, between 1966 and 1971, Italians arriving in Canada decreased by 82%[20].

Source: http://www.memorablemontreal.com/accessibleQA/en/histoire.php?quartier=4

The last phase, between 1972 and 2003, reflects a sharp decline in Italian immigration. The drop can be explained in part by better living conditions and job opportunities in Italy. However, changes to the Canadian immigration system in the late 1960s were the principal reasons behind the weakened inflow of immigrants from Italy (and from Europe in general). This was the beginning of a new era: immigrants were selected based on aptitude rather than origin. This ultimately led to the decline in European immigrants in favour of Asian and non-European immigrants. The section on the education of immigrants and

recent immigrants will reflect this fact.

Today, although Italian immigration has decreased significantly in the last three decades, the Italian community remains the largest ethnic group in Montreal after French and English, and the fourth in Canada after English, French and Chinese[21].

Italians began moving into St. Léonard at the beginning of the 1960s. At that time, 6.5% of the population was of Italian origin. Today, they represent 42% of the population. The municipality is not sure why so many Italians have chosen St. Léonard as their settling point, though a document on the history of St. Léonard points to several factors that may have influenced their choice. The first is the housing project mentioned above, which attracted Italians, especially since many of the project owners were Italian-Canadian themselves. Secondly, St. Léonard welcomed Italians into municipal politics. Thirdly, in 1965 the first national Italian parish was established, Madonna del Carmine. This enabled parishioners to attend religious services in their mother tongue[22].

During this era, St. Léonard was the site of the dispute which led to the creation of Quebec's first language legislation. In 1968, 40% of St. Léonard residents were of Italian origin, most of whom sent their children to English schools. A movement was formed by French-speaking parents to prevent the Anglicization of the neighbourhood. They requested that French be the only language of teaching in Quebec. The school board adopted this change that same year. The following September all children entering school had to register in French school, to the great disappointment of the Italian community. These language conflicts spread throughout the province and the language crisis eventually led to the adoption of the French language charter, Bill 101[23]. These political changes had tremendous impacts on all English-speaking youth in the province. In St. Léonard, Italian youth were to become increasingly bilingual.

Recent demographic trends in St. Léonard

St. Léonard represents 4.5% of the Montreal population[24]. It has experienced dramatic highs and moderate lows with respect to population growth as can be seen in the table below. Between 1966 and 2006, the population increased by 183.2% with most of the increase occurring in the 1970s[25].

Population and Growth Rate of St. Léonard between 1966 and 2011

St. Léonard	1966	1971	1976	1981	1986	1991	1996	2001	2006	2011
Population	25,328	52,035	78,429	79,429	75,947	73,120	71,327	69,604	71,730	75,710
Growth Rate		105.4%	50.8%	1.2%	-4.4%	-3.7%	-2.5%	-2.4%	3.1%	5.5%

Source: Ville de Montréal, Profil sociodémographique, 2008 and 2011

Youth and Seniors: a community rich in both extremes

The distribution of a population across age categories, and the extent to which majority and minority communities differ by age, is important in understanding their different health needs and resources. Each stage of life tends to be associated with specific health and social service needs. Different age groups tend to vary in the way they access public health information and programs[26].

Unfortunately, we do not have the breakdown of the population by age and language for St. Léonard.

Distribution of St.Leonard population by age group, 2011

Age Group	Percentage %
0-14	18.3
15-29	16.3
30-44	22.0
45-59	18.4
60-74	15
75-89	9.2
90+	.7

Source: Ville de Montréal, Profil sociodémographique, 2008 and 2011

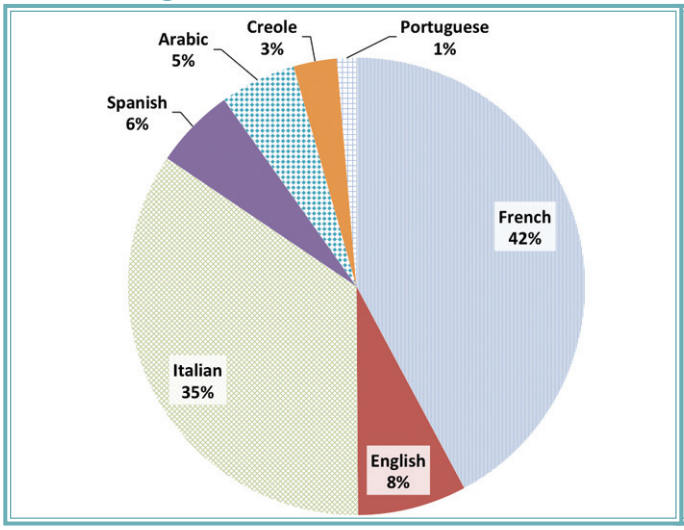
The table to the left, however, clearly demonstrates that 18% of the population is made up of people aged 65 and over, which is the second highest concentration of seniors in the nineteen Montreal boroughs[27]. It also shows that almost 18% of the population is made up of children aged 0-14. Furthermore, though not identified in this table, the proportion of children aged four and under is among the highest of all age groups in St. Léonard[28].

Linguistic diversity in St. Léonard

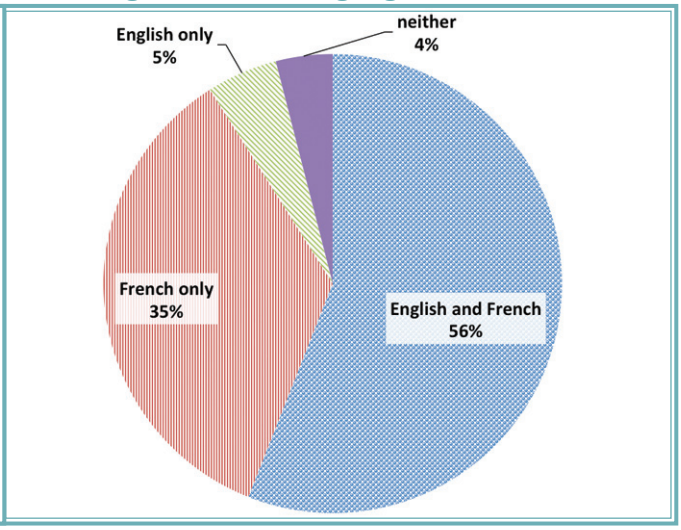
The majority of residents of St. Léonard speak both French and English (56%). A significant percentage speaks only French (35%) and a small percentage speaks neither French nor English (4%) or knows only English (5%). Comparatively, in Montreal as a whole, the same percentage of the population speaks both French and English (56.5%). A smaller percentage of the population speaks only French (28%) and neither French nor English (3%) while 12% speaks only English[29].

According to a study done in 2006 by the Montreal Director of Public Health, St. Léonard was the town within Montreal that had the second highest percentage of residents having a language other than French or English as their mother tongue. This represents 4% of the population. The St. Michel sector had the highest percentage (5.9%). Comparatively, areas such as Pointe-aux-Trembles, Plateau Mont Royal, and Hochelaga-Maisonneuve have very small communities with a language other than French or English as their mother tongue (0.1%, 0.4%, and 0.3% respectively)[30]. This reality is very important to consider when planning for the health and social services of a population. The needs of a community who are long-term or recent immigrants, or from varied cultural communities are different than the needs of community who are French-speaking for example.

Mother tongue, St. Léonard



Knowledge of official languages, St. Léonard

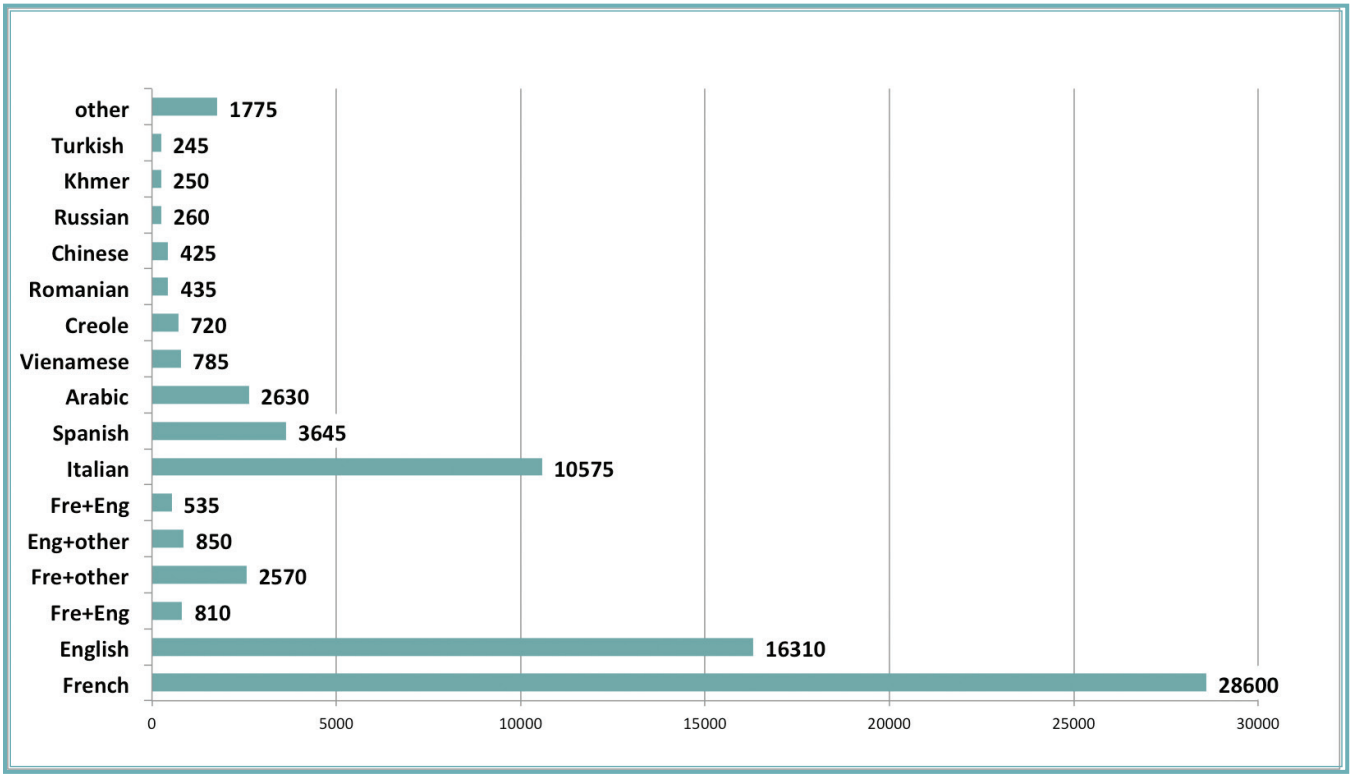


Ville de Montréal, 2009, Profil sociodémographique.

The above graph shows that almost 40% of the St. Léonard population have French as their mother tongue and a slightly lower proportion have Italian as their mother tongue, which means that many Italians have learned French and/or English outside of the home. We can also hypothesize that the majority of those who have Italian as their mother tongue are middle-aged (between 45-60) with parents who did speak Italian at home but who have since passed away. The newer generation of Italians are likely to be bilingual.

The graph below shows that the majority of residents speak either French (40%) or English (23%) at home. Some speak Italian at home (15%). Other languages most frequently spoken at home include Spanish (5%) and Arabic (4%).

Languages spoken at home, St. Léonard



Ville de Montréal, 2009, Profil sociodémographique.

Immigrants and recent immigrants

There are a large number of recent immigrants (arrived between 2001 and 2006) on the island of Montreal, accounting for 140,000 people. Recent immigrants in the CSSS de St. Léonard et St. Michel territory represent 7.5% of this population. This CSSS territory has the fifth highest proportion of recent immigrants in the region.

Because the English-speaking recent immigrant and immigrant population is significant in St. Léonard, it will be discussed frequently in this portrait. Due to limitations with data, English-speaking immigrants and recent immigrants will be discussed as a separate group at times and at others will be integrated into the general English-speaking population.

The Employment and Equity Act defines visible minorities as "persons, other than aboriginal peoples, who are non-Caucasian in race or non-white in color." The following groups are considered visible minorities: Chinese, South

Asians, Blacks, Arabs, West Indians, Filipinos, Southeast Asians, Latin Americans, Japanese, Koreans, and other visible minorities such as Pacific Islanders[31].

Recent Immigrants and the total population by age (%)

	St. Léonard		Montreal	
	Total population of St. Léonard	Total population of recent immigrants in St. Léonard	Total population of Montreal	Total population of recent immigrants in Montreal
0-4	5.9%	4.3%	5.1%	4.9%
5-19	15.4%	18.7%	18.8%	18.9%
20-44	35.1%	68.2%	37%	65.1%
45-64	24.1%	7.4%	23.3%	8.6%
65+	19.5%	1.6%	14.2%	2.0%
Visible minorities	25.2%	67.1%	50.3%	79.3%
People living alone	12.1%	7.2%	12%	7.0%

Source- Agence de Santé et des Services Sociaux de Montréal, Portrait des immigrants récents a Montréal, 2012

As can be seen above, people between the ages of 20 and 44 are over-represented in the visible minority population, particularly in St. Léonard. There are significantly fewer visible minority recent immigrants in St. Léonard however[32].

With respect to language, 34.7% of recent immigrants' mother tongue in St. Léonard is Arabic and nearly 22% is Spanish. The table below compares the mother tongues of recent immigrants in St. Léonard and Montreal. The differences are significant in that a much larger percentage of St. Léonard residents have Arabic as their mother tongue (nearly 35% compared to 18% in Montreal as a whole) or Spanish (22% compared to 11%). A smaller proportion of recent immigrants in St. Léonard have French as their mother tongue (11% compared to 15% in Montreal overall).

Top five mother tongues of recent immigrants in St. Léonard and Montreal, 2006

St. Léonard		Montreal	
Arabic	34.7%	Arabic	18.1%
Spanish	21.9%	French	15%
French	11.3%	Spanish	10.8%
Creole languages	5.7%	Chinese	7.7%
Romanian	5.4%	Romanian	5.4%

Source- Agence de Santé et des Services Sociaux de Montréal, Portrait des immigrants récents a Montréal, 2012

Recent immigrants to St. Léonard may therefore have an additional obstacle to overcome if they do not speak one of the two official languages.

In the CSSS de St. Léonard et St. Michel territory, St. Léonard immigrants make up 38% of the population and in St. Michel they represent 50%. This fact is important to remember as much of the data is grouped by CSSS territory. The issues that affect the lives of immigrants are likely more prominent in the St. Michel area.

In St. Léonard, 41% of immigrants are of Italian origin and 45% are of North African origin (Algerian, Moroccan or Tunisian)[33], four distinct cultural groups. The Italians tend to use English as their first official language spoken while those from North Africa tend to use French.

More specifically, St. Léonard West has the highest percentage of immigrants (43.4%) while St. Léonard South has the highest percentage recent immigrants (6.5%). Comparatively, St. Michel West has the largest percentage of immigrants (48.9%) and St. Michel south has the highest percentage of recent immigrants (10.5%). The table below shows the distribution of immigrants and recent immigrants in the entire CSSS de St. Léonard et St. Michel territory[34].

Top five mother tongues of recent immigrants in St. Léonard and Montreal, 2006

Visible

Immigrants in St. Léonard (% and number)			Recent Immigrants in St. Léonard (% and number)		
St. Léonard East	St. Léonard West	St. Léonard South	St. Léonard East	St. Léonard West	St. Léonard South
38.2%	**43.4%**	41.4%	6%	6.5%	**9.9%**
(6,780)	(12,330)	(10,485)	(1,065)	(1,835)	(2,510)

Source- Agence de Santé et des Services Sociaux de Montréal, Portrait des immigrants récents a Montréal, 2012

Minorities

Clearly in St. Léonard the origins of immigrants have changed considerably over the years. The linguistic groups that make up the English-speaking minority are shown below by age group. In the St. Léonard and St. Michel CSSS territory, the largest group of English-speaking visible minorities are Latin Americans, Southeast Asians, and Chinese. South Asians, Blacks, and Arabs also comprise substantial groups of English speakers. Most of these linguistic groups are in the 25-44 age category, however, Chinese and Arabs are more present in the 65 and over age group, Blacks and Arabs in the 0-14 age group, while Latin Americans and Blacks have the highest proportions in the 15-24 age group.

Age structure of the English-speaking visible minority population, CSSS St. Léonard and St. Michel

	Age Groups				
	0-14	15-24	25-44	45-64	65+
Chinese	14.7%	13.7%	**42.1%**	18.9%	**10.5%**
South Asians	15.3%	17.5%	**47.5%**	19.1%	1.1%
Black	16.4%	**21.4%**	**34.6%**	**20.8%**	6.3%
Latin American	12.2%	**25.7%**	**43.8%**	17.6%	1.1%
Southeast Asian	12.5%	17.6%	**49%**	20%	0.8%
Arab	**16.9%**	12.1%	**34.9%**	**23.2%**	**12.8%**

Source: CHSSN, Socio-Economic Profiles of the English-speaking Visible Minority Population by CSSS Territory in the Greater Montreal Area, 2006 census data.

Among English-speaking visible minorities in the CSSS de Saint-Léonard and Saint-Michel territory, 31.5% were under 25 years of age in 2006. This proportion is higher than that same age cohort among English-speaking non-visible minorities (29%)[35]. The opposite is true for English-speaking visible minorities aged 65 and over, whose proportion is much lower than that found among English-speaking non-visible minorities (3.5% as compared to 12.8%)[36].

Senior population by immigration status and place of birth

	St. Léonard	Montreal
Non-Immigrants	38%	62.5%
Visible minority immigrants	62.5%	37.1%
Haitians	1.6%	1.9%
Italians	49.1%	11.6%
Lebanese	1.1%	0.8%

Source: Ville de Montréal, Arrondissement de St. Léonard, Profil de la Population de 65 ans et plus.

In the sections below we will examine the perspectives of community members as expressed at a community consultation held in St. Léonard in May 2012. These perspectives concern social and community life, education, the environment and health and well-being, and will be complemented by statistics when relevant.

COMMUNITY PERSPECTIVES ON ST. LÉONARD

Drawing a portrait of St. Léonard: method and sources

From the perspective of a community development approach, it is important to engage and mobilize the population to get involved in issues that they care about. While statistics are a good starting point, and help to shed light on certain realities that affect a community, it is important to go beyond statistics and gather the perspectives of residents and other stakeholders such as local organizations and institutions. To begin this process in St. Léonard, the project leader made an initial visit in February 2011. The East Island Network for English Language Services (REISA) was the main contact organization because it sponsors one of the CHSSN's Networking and Partnership Initiatives. Its mission is that community and public partners work to develop and promote access to English-language health and social services in the East-end of Montreal.

During this visit, key members of the organization were consulted in order to identify priorities in the community and brainstorm on which stakeholders should be involved, that is, what people or groups would have a particular interest in different aspects of community development. At that meeting a need for more ethnocultural statistics on the community was identified. There was also a beginning discussion on how to involve the community in the consultation. Then, in June 2011, a REISA partners meeting took place and the nine partners discussed the process of drawing a portrait of the community.

Consultation in St. Léonard. May 2012 Credit: Mary Richardson

A community consultation took place in May 2012. Approximately thirty community members plus ten organizers were present. The participants represented local schools, private businesses, residents, community workers, the public health sector, the local paper, and politicians. They were primarily people who are part of local organizations and are knowledgeable of the community and its needs. To begin the consultation, each participant was asked to fill out a short questionnaire that was designed to gather information on the sense of belonging and community engagement in St. Léonard. It was filled out by about ten people. Because the number is so small and because those who filled it out were primarily representatives of community organizations rather than regular citizens, the data will only be mentioned in passing, and is not intended to be representative of the population. The content of this portrait is rather what was discussed at the consultation. The group was divided into four sub-groups, each of which discussed a pre-determined theme. Time constraints limited the discussions to forty minutes, followed by a large group discussion on what people are proud of in their community. These ideas will be scattered throughout the four themes, and are primarily identified as strengths.

Leonardo da Vinci Center, where consultations were held. Credit: REISA

Community life in St. Léonard
A strong sense of community

In this section we present the perspectives expressed by participants at the consultation held in May 2012 concerning social and community life in St. Léonard, followed by some relevant statistics and perspectives for the future.

Social Determinant of Health

Support from families, friends and communities is associated with better health. Support networks are important in helping people solve problems and deal with adversity. They contribute to an individual's sense of control over life circumstances. Support networks support a feeling of well-being and act as a buffer against health problems. In the 1996-97 National Population Health Survey (NPHS), more than four out of five Canadians reported that they had someone to confide in, someone they could count on in a crisis, someone they could count on for advice and someone who makes them feel loved and cared for. Some experts in the field have concluded that the health effect of social relationships may be as important as established risk factors such as smoking, physical activity, obesity and high blood pressure.

The importance of the social environment can also be seen in the level of social cohesion in the broader community. Social cohesion refers to the willingness of members of a community to cooperate for the well-being of all, and it is known to exert a positive influence on personal health. The strength of social networks within a community are often referred to as civic vitality, and it is reflected in the institutions, organizations and informal giving practices that people create to share resources and build attachments with others. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health. Social or community responses can add resources to an individual's repertoire of strategies to cope with changes and foster health[37].

Participants mentioned two major elements of the St. Léonard community that have changed dramatically in the last decades. The first is the influence of the church on the community, particularly among Italians, which has gone from being very important to almost peripheral. The second element is the increase in cultural diversity: the community has gone from being made up primarily of French speaking Quebecers, to being largely Italian, and today being made up of a mix of recent immigrants (mostly of North African origin), Francophones and older Italians. One participant stated that "there are many paradoxes in St. Léonard-there are rich and there are poor, there are conservatives versus those who are more creative. It is seemingly lost in time yet so avant-garde…"

Italian History Activity. Credit: REISA

Strengths identified by participants

One of the strengths identified by many at the May 23rd 2012 consultation was the general attitude of acceptance and openness to others. It was mentioned that this may be due to the fact that many people from St. Léonard were at one time newcomers and know what it feels like. They may therefore have empathy for immigrants and be better able to accompany them in their adaptation process. As one participant stated, in St. Léonard there is a strong sense of difference which is used to build belonging. Another said they were proud of the wonderful way in which most are accepted and integrated into the community. Many stated that the fact that St. Léonard is so multicultural is an asset, for example, as it can give access to great restaurants and food.

Another strength is the capacity of the community to network. There are numerous cafés and bars where people get together and chat. This type of resource is particularly available to men. REISA was also mentioned as a great avenue for community networking and involvement. The capacity to network seems very good for Italian seniors, in particular, as there are 28 Age D'Or groups which are organized by ethnicity and sometimes even by village of origin.

A third strength is that youth are also said to have access to various sports and leisure activities such as Bocce courts, soccer fields, basketball teams, etc.

Finally, three participants at the consultation commented spontaneously on the willingness of the community to participate in helping youth and the underprivileged. Other words used to describe how St. Léonard sets itself apart from other communities are "generous, community-oriented, tolerant, and warm".

Challenges identified by participants

The challenges facing St. Léonard show the other side of the coin. For instance, whereas attitude was noted as a strength, some participants felt it is an issue among youth in schools. In their experience, ethnic groups tend to stick together, particularly if they are the majority, excluding other groups. This point will be discussed further in the section on education.

Another challenge concerns networking. Whereas there are many places for men to socialize, there are fewer for women. Some participants stated that women are isolated, especially if their culture encourages them to do most of their daily tasks within the home.

Furthermore, there seems to be a lack of services in English. One example was library workshops, which are not available in English. An employee of the Centre Local d'Emploi (CLE) asked to give a workshop on employment in French and offered to give it in English as well, but those responsible refused, saying that no one would come as there is no demand for this.

Poverty in the community was also mentioned as a challenge. Politicians are perceived as ignoring the problem rather than facing it. Some believe this may be out of a concern that if they address issues of poverty, St. Léonard will get a reputation as a poor neighbourhood and attract even more low-income residents. Participants agree however that since St. Léonard is largely a rental community, it naturally attracts more low-income earners.

A fifth challenge is related to sports and recreational activities. Participants stated that there are not enough community centers for youth in St. Léonard. Numerous attempts have been made to integrate youth into the community but they seem to have failed, as citizens find young people noisy and disruptive and want them to be "seen and not heard". For example, parks close at 10:30 pm, but many youth do not go out until that time and have

nowhere to hang out. As a result, kids go to the city center instead, and are believed to become more vulnerable to social problems related to illegal drug use; because there is "no one to show them the way" they start smoking pot and become harder to reach.

The long-term impacts of youth leaving St. Léonard is that the population is aging and the community, particularly the English-speaking one, is less vital than it used to be.

Some statistics on social and community life

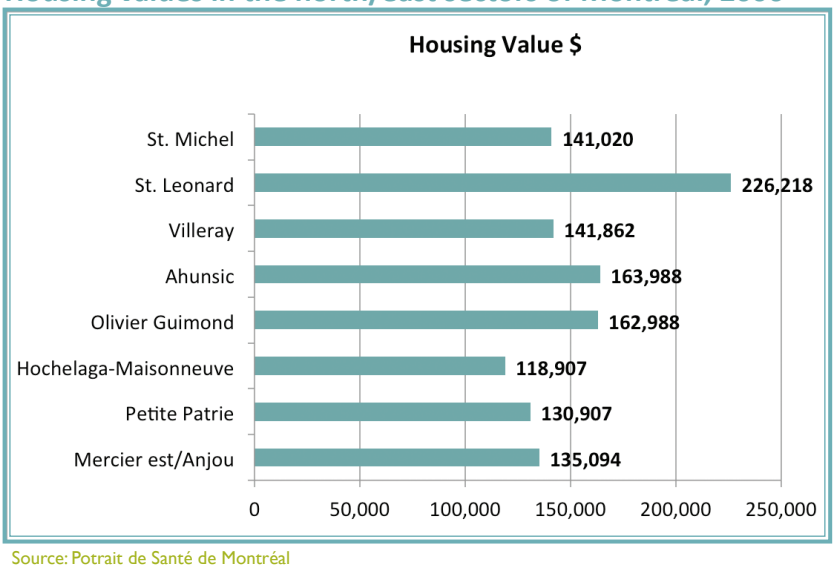
Housing

In St. Léonard, 33% of residents are owners and 67% are renters. Among renters, 34% spend over 30% of their income on housing and 37% of these households live below the low income cut-off[38].

Typical housing. Source: wikipedia.org/wiki/File:Montréal_-_Saint-Léonard_-_Jarry_1.jpg

These statistics are not surprising given that compared to the rest of Montreal, St. Léonard is one of the areas with the highest average real estate values ($226,218). In 2006, they were much higher than any of St. Léonard's immediate neighbours (St. Michel- $141,020, Rosemont- $143,643, Mercier-Est/Anjou- $135,094). Interestingly, the real estate values in St. Léonard are quite a bit higher than areas where employment and incomes are high such as Lac St. Louis[39].

Housing values in the north/east sectors of Montreal, 2006



Source: Potrait de Santé de Montréal

A real estate agent who has been working on the Island of Montreal for 30 years hypothesizes that this is because during the 1970s and 80s, triplexes and five-plexes were being built to meet the needs of Italian families. Demand was very high and stayed high so housing prices rose faster than they did for their immediate neighbours. Another reason given was due to the easy access to the Metropolitain highway, boulevard Lacordaire and Boulevard Viau.

Household Living Arrangements

In order to get a sense of the level of social support that people have, we can look at the number of people in lone-parent families or living alone, as these people are less likely to have help with day-to-day tasks or have less on-going emotional support.

In Quebec as a whole, about 70% of people live in married or common-law couple families, nearly 12% live in lone-parent families, and about 13% live alone. Provincially English speakers are more likely to be living with relatives and less likely to be living alone. As can be seen below, English speakers in the CSSS de St. Léonard et St. Michel territory are significantly less likely to be living alone than French and English speakers throughout the province. They are also much more likely to be living in married or common law couples or families and much less likely to be living with non-relatives. From the social and deprivation index shown in the section on the economy and employment, we can hypothesize, however, that this is true particularly for residents of St. Léonard as they are less socially deprived.

Population by Household Living Arrangement

	Province of Quebec		RSS of Montreal		CSSS de St. Léonard et St. Michel	
	English	French	English	French	English	French
Persons in married or common-law couples families	70.7%	69.7%	67.7%	57.9%	76.2%	61.8%
Persons in lone-parent families	11.8%	11.7%	12.1%	14.1%	13.6%	18%
Living with relatives	2.1%	1.7%	2.3%	2.4%	1.6%	2.5%
Living with non-relatives only	3.1%	3.0%	3.9%	5.5%	1.3%	3.6%
Living alone	12%	13.8%	13.8%	19.5%	7.1%	14%

Source: CHSSN 2010. Socio-Economic Profiles of Quebec's English-Speaking Communities

Youth

Household living arrangements may be used as an indicator of groups within a population who are vulnerable to poor health. For example, the Quebec Social and Health Survey (1998) revealed that parents of minors living in lone parent households were more likely to report food insecurity, high levels of psychological distress and more than one health problem when compared to parents with other household arrangements[40].

Statistics for St. Léonard reveal that 30% of families are lone-parent which is average when compared to the rest of Montreal with percentages ranging from 16% to 52%. There are significant differences within St. Léonard as can be seen below[41]. Although we do not have data specific to language, we can see that Montreal in general has a lower percentage of children than all sectors of St. Léonard. Montreal also has the highest proportion of youth living in lone-parent households. The table shows that St. Léonard West has the highest number of children aged 0-17, and the highest level of lone-parent families with 2 or more children. St. Léonard south has the lowest proportion of children but the highest level of families with 3 or more children. They also have the lowest percentage of lone-parent families with 2 or more children in all of St. Léonard.

Families with children 0-17 in St. Léonard, 2006

	St. Léonard West	St. Léonard South	St. Léonard East	Montreal
Children aged 0-5	7.3%	7.0%	7.2%	6.1
Children aged 6-11	6.8%	5.8%	6.0%	6.1%
Children aged 12-17	6.4%	5.5%	6.3%	6.4%
Children 0-17 living in lone-parent households	22.7%	18.7%	21.2%	24.1%
Families with 2 or more children (among those with children 0-17)	60.7%	61.8%	65%	61.2%
Families with 3 or more children (among those with children 0-17)	20.2%	21.5%	17.7%	20.1%
Lone-parent families with 2 or more children (among those with children 0-17)	12.8%	10.5%	12.3%	13%

Source: Direction de santé publique, Principales caractéristiques des familles du CSSS de St. Léonard et St. Michel, 2012. Données du recensement 2006.

Seniors

Second in all of Montreal, St. Léonard is the area with the lowest percentage of people aged 65 and over living alone (24.5%). Interestingly, St. Léonard's neighbours have significantly higher percentages of seniors living alone (de Rosemont- 44%, Montréal-Nord- 38%)[42]. The table below shows the proportion of people aged 65 and over, as well as the proportion living alone in the areas surrounding St. Léonard.

Seniors and seniors living alone, different territories

CSSS territories surrounding St. Léonard in Montreal 2001	Proportion of people aged 65+	Proportion of people aged 65+ living alone
St. Léonard	17.1%	24.5%
St. Michel	13.7%	27%
Montreal-North	18.5%	38.2%
Mercier-Est- Anjou	16.4%	31.8%
Olivier-Guimond	19.9%	35.3%
Rivière-des-Prairies	11.6%	26.9%
De Rosemont	18.9%	43.6%
Hochelaga-Maisonneuve	13.2%	46.5%

Source:Ville de Montréal, Arrondissement de St. Léonard, Profil de la Population de 65 ans et plus.

Visible Minorities

When we look at visible minorities and household living arrangements in the table below, we find that Chinese, South Asians and Arabs are most likely of all groups to live in married or in common-law unions; Blacks, Latin Americans and South East Asians are significantly more likely to be in lone-parent families; Blacks are more likely to live with relatives than are other groups, while South East Asians are more likely to live with non-relatives; and Blacks have the highest rates of living alone.

Household Living arrangements among English-speaking visible minorities

	CSSS St. Léonard and St. Michel				
	Persons married or in common law	Persons in lone-parent families	Persons living with relatives	Persons living with non-relatives	Persons living alone
Chinese	**85.3%**	9.5%	1.1%	1.1%	4.2%
South Asians	**80.3%**	9.3%	4.4%	2.7%	2.7%
Black	45.9%	**29.6%**	**8.8%**	3.8%	**11.9%**
Latin American	64.6%	**24.6%**	1.6%	4.9%	4.1%
Southeast Asian	64.3%	**20.8%**	2.7%	**6.3%**	6.3%
Arab	**79.6%**	7.5%	2.0%	2.7%	8.2%

Source: CHSSN, 2012. Socio-Economic Profiles of the English-speaking Visible Minority Population by CSSS Territory in the Greater Montreal Area, 2006 census data.

Perspectives for the future

Participants at the forum were of the opinion that in order to retain youth in the community, more resources have to be created for them. They seemed most concerned about marijuana usage among youth. Their hopes were that more resources and activities would help decrease drug use. One of the suggestions for achieving this (for youth but also for the population in general) was to amend cultural differences. Participants suggested that partners need to collaborate to share best practices.

Summary
Community Life

The greatest strengths of St. Léonard's social and community life are also its biggest challenges. For instance, acceptance of differences and appreciation of multiculturalism helps make the community richer. On the other hand, some groups such as youth seem to have trouble adapting to St. Léonard's multicultural realities with issues such as gangs and bullying present in some schools.

Social networking was also noted as a strength in St. Léonard, particularly for men who congregate in local cafés and bars to chat as well as for seniors who have clubs adapted to their cultural needs. Women and youth however, seem to have less venues for networking. They are more isolated or have to go to the city center for activities and entertainment.

Educational attainment:
Good educational opportunities but young English speakers lag behind

In this section we present the perspectives expressed by participants at the consultation held in May 2012 concerning education in St. Léonard, followed by some relevant statistics and perspectives for the future.

Social Determinant of Health

Health status improves with level of education. Education is closely tied to income and social status and provides knowledge and skills for problem solving. It helps provide a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and job satisfaction. Education improves people's ability to access and understand information to help keep them healthy.

People with higher levels of education have better access to healthy physical environments and are better able to prepare their children for school than people with low levels of education. They also tend to smoke less, to be more physically active and to have access to healthier foods. In the 1996-97 National Population Health Survey (NPHS), only 19% of respondents with less than a high school education rated their health as "excellent" compared with 30% of university graduates. Canadians with low literacy skills are more likely to be unemployed and poor, to suffer poorer health and to die earlier than Canadians with high levels of literacy. In general, people with a higher level of education have more social relations, adopt a healthier lifestyle and have the feeling of being able to influence and control their lives[43].

Strengths identified by participants

At the community consultation, different assets were identified in the area of education. In general, participants agreed they were proud of education in St. Léonard. First, they mentioned that parents are very involved in their children's education, particularly at the elementary level. In high school, parents participate more in social and community activities such as fundraising rather than preventative workshops.

Another strength mentioned is the aesthetics of the schools. Many of them are renovated or new, are well kept, and are near parks and on residential streets. They also have good facilities such as gyms. In addition, they are said to be close to everything which improves quality of life for families.

Third, schools in St. Léonard work in collaboration with other partners such as other schools, the CSSS and community organizations, thus improving access to a wealth of services and activities. The contact with the community is also said to be good.

Lastly, daycare services are said to be good, although they are mostly private, and participants seem unaware of what is offered publically.

Challenges identified by participants

Challenges mentioned at the consultation include interpersonal difficulties associated with multiculturalism. Issues such as racism, bullying and gangs were mentioned as challenges in the schools, however this seems to be an issue only in the schools with one majority ethno-cultural group. The students who were part of a minority population tended to be excluded and bullied by the majority group, which in this discussion, was Italian. In addition, it is some participants' perception that the school board is ignoring this issue.

Another challenge is directly related to this: participants hypothesized that because Italian students have been used to being the majority throughout their school lives, they have not been exposed to or learned to accept different cultures. Once in Cégep, they will become the minority and may not know how to deal with differences and experience culture shock.

Participants also expressed concern about the transition from elementary to high school. Students are said to be unprepared emotionally for the move to high school and may lack the tools necessary to help them cope. This puts them at risk of getting involved in drugs and developing other social problems.

Lastly, it was mentioned that parents no longer get involved at the high school level. Despite their frequent invitations to workshops and conferences on prevention and health promotion, few parents show up.

Some statistics on education

The borough of St. Léonard is served by two school boards. The French schools are part of the Commission Scolaire Pointe-de-l'Île and the English schools are part of the English Montreal School Board. There are four elementary schools (Danté, General Vanier, Honoré Mercier, Pierre de Coubertin) and two high schools (John Paul I and Laurier MacDonald). According to 2012 statistics, no elementary school or high school in St. Léonard has the "below the poverty line status". This means that no more than ten students per school live below the low income cut-off[44]. This reality is very different from its immediate neighbour, St. Michel where many of the schools are "significantly living below the poverty line".

Highest educational attainment by age group

	Province of Quebec		RSS Montreal		CSSS St. Léonard and St. Michel	
	English	French	English	French	English	French
High school certificate or less	44.7%	47.4%	41.3%	42.2%	**48.6%**	**56.4%**
Apprenticeship or trades certificate or diploma	9.3%	**16.3%**	7.6%	11.6%	11.8%	**15%**
College, CEGEP or other non-university certificate or diploma	16.2%	16.1%	16%	15.3%	**19.5%**	12%
University certificate or diploma below the bachelor level	5.2%	4.8%	5.7%	**6.2%**	5%	4.7%
University certificate, diploma or degree	24.6%	15.3%	**29.3%**	24.7%	**15.1%**	**12.1%**

Source: CHSSN 2010. Socio-Economic Profiles of Quebec's English-Speaking Communities

As can be seen above, French and English speaking residents of the St. Léonard et St. Michel CSSS territory have a higher percentage of residents without a high school diploma as compared to the Montreal region overall and the province of Quebec as a whole. They are also less likely to have a university certificate, diploma or degree. English speakers in the St. Léonard et St. Michel territory, however, are more likely than French speakers to have a college, Cégep, or other non-university certificate or diploma.

Visible Minorities, Language and Education

The table below shows that in the CSSS de St. Léonard et St. Michel territory, there are significant differences in educational levels among visible minority groups. For instance, South and Southeast Asians are most likely not to have a high school diploma or certificate and South Asians are most likely to have a high school diploma or equivalency as their highest level of educational attainment. Blacks are most likely to have an apprenticeship or trade certificate or diploma, while Latin Americans and Arabs are most likely to have a University degree below bachelor level. Finally, Arabs have the highest rates, by far, of university education.

Educational attainment among English-speaking visible minority groups, CSSS de St. Léonard and St. Michel

	CSSS St. Léonard et St. Michel					
	No certificate, diploma or degree	High school certificate or equivalent	Apprentice-ship, or trades certificate or diploma	College/ cegep/ non-university certificate or diploma	University certificate below bachelor	University certificate, diploma or degree
Chinese	29.6%	30.2%	3.1%	16%	3.7%	17.3%
South Asians	**32.9%**	**36.1%**	2.6%	12.9%	5.2%	10.3%
Black	24.2%	23.5%	**20.5%**	15.9%	4.5%	9.8%
Latin American	24.2%	24.2%	13.8%	**17.8%**	**6.4%**	13.2%
Southeast Asian	**32.2%**	32.3%	7.2%	10.3%	3.1%	14.3%
Arab	12.1%	19.3%	6.4%	9.3%	**7.1%**	**45.7%**
Non-visible minority	22.6%	24.6%	12.6%	**20.9%**	5.0%	14.3%

Source: CHSSN, 2012. Socio-Economic Profiles of the English-speaking Visible Minority Population by CSSS Territory in the Greater Montreal Area, 2006 census data.

Among the English-speaking visible minority population on the territory of the CSSS de Saint-Léonard et Saint-Michel, 17.7% have a university certificate, diploma or degree. They are much more likely to have university level certification than the English-speaking non-visible minority population (14.3%). They are also much more likely to have university certification when compared to the French-speaking visible minority groups (14%)[45].

Perspectives for the future

Only a few proposals were made by participants at the community consultation for changes that they would like to see take place in the future, due to a lack of discussion time. For one, participants stated they felt the school board should be more involved in issues of bullying. In addition to this, it was suggested that the pastoral animator and school counselors should address these problems within schools. For example, social skills workshops or individual intervention should be provided when necessary. Some participants stated they would like more funding on prevention and health promotion for youth but their questions on how to get parents involved still remained. The group also agreed that more education on ethnic diversity would help reduce adaptation difficulties for students.

Summary
Education

Parental involvement is an important element in a child's success throughout the educational process. In St. Léonard, participants felt that parents were very involved in their children's education, particularly at the elementary school level. A challenge however, is the lack of involvement from parents at the high school level, especially when it came to topics around prevention and health promotion. Schools in St. Léonard were said to be aesthetically pleasing with good facilities and well-located within neighbourhoods. Partnerships between the school and other establishments and institutions in the community were said to be positive as well. A challenge that was also mentioned in the section on social and community life is the issue of bullying and gangs, which participants claim are not being addressed by the school board. In the future, participants would like this issue to be dealt with in a variety of ways including though education, intervention, and policies.

Youth participate in a Defi-Sante 5/30, 5/30 Challenge. Credit: REISA

Employment and Income

In this section we present only relevant statistics, because economic conditions were not a theme of discussion at the consultation held in May 2012.

Social Determinant of Health

There is strong evidence that higher social and economic status is associated with better health. These two factors are considered to be the most important determinants of health. Health status improves at each step up the income and social ladder. Higher incomes promote optimal living conditions, which include safe housing and good food. The degree of control people have over life circumstances and the ability to adapt to stressful situations are key influences. Higher income and social status generally result in more control and more resources to adapt.

Studies are showing that limited options due to limited means and poor coping skills for dealing with stress increase a person's vulnerability to a range of diseases. For example, only 47% of Canadians in the lowest income bracket rate their health as very good or excellent, compared to 73% of Canadians in the highest income group. Low-income Canadians are more likely to die earlier and to suffer more illnesses than Canadians with higher incomes.

And perhaps most interesting of all, studies show that large differences in income distribution (the gap between rich and the poor) are a more important health determinant than the total income that a population generates. Income gaps within and between groups increase social problems and poor health. In other words, the more equitable a society, the better people's health is likely to be.

Of course, incomes are closely related to economic conditions and employment opportunities. Unemployment, underemployment, stressful or unsafe work are associated with poorer health. People who have more control over their work circumstances and fewer stress related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities.

In addition, employment has a significant effect on a person's physical, mental and social health. Paid work provides not only money, but also a sense of identity and purpose, social contacts and opportunities for personal growth. When a person loses these benefits, the results can be devastating to both the health of the individual and his or her family. Unemployed people have a reduced life expectancy and suffer significantly more health problems than people who have a job. A major review done for the World Health Organization found that high levels of unemployment and economic instability in a society cause significant mental health problems and adverse effects on the physical health of unemployed individuals, their families and their communities. Lack of employment is associated with physical and mental health problems that include depression, anxiety and increased suicide rates[46].

Some statistics for St. Léonard

Income

The average total income of individuals in the CSSS territory of St. Léonard et St. Michel is $26,452. This is lower than the Montreal average of $32,946[47]. The table below shows that English speakers in the province are more likely than French speakers to earn over $50,000 per year; this remains true in St. Léonard et St. Michel. However, English speakers in St. Léonard et St. Michel are less likely to be in that income bracket than are English speakers in Montreal as a whole or in Quebec as a whole.

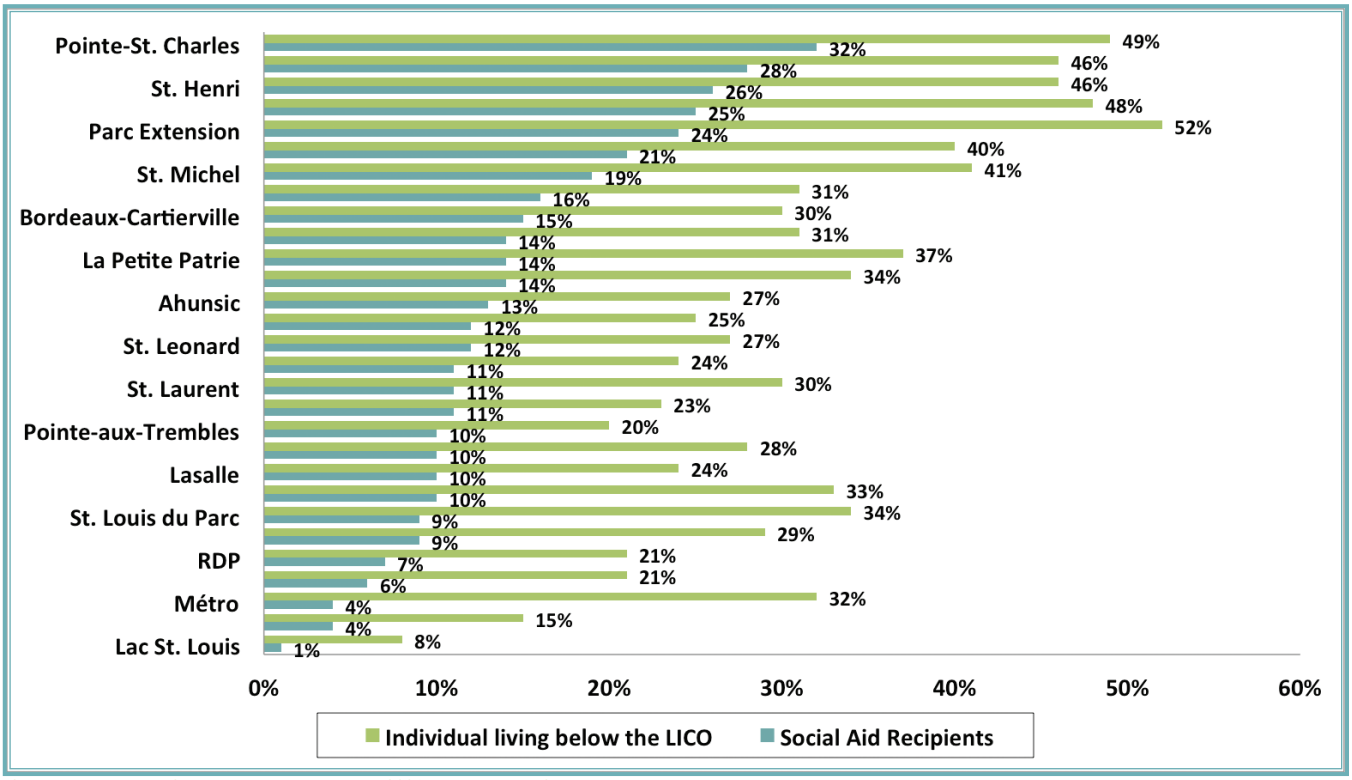
Population 15+ years by income group and language

	Province of Quebec		RSS of Laval		CSSS St. Léonard and St. Michel	
	English	French	English	French	English	French
Under $10,000	27.6%	23.4%	28.6%	24.9%	26.4%	27.4%
$10,000-29,999	35.8%	36.9%	36%	38%	38.9%	45.6%
$30,000-49,999	19.4%	23.1%	23.1%	21%	22.3%	19.8%
$50,000 and over	17.2%	16.6%	16.6%	16%	12.5%	7.2%

Source: CHSSN, 2010. Socioeconomic Profiles of Quebec's English-Speaking Community

Residents of St. Léonard have average rates of income from social assistance as compared to the rest of Montreal, but lower rates than its immediate neighbours such as St. Michel.

Social assistance recipients and individuals below the LICO in Montreal CSSS territories, 2005 (%)



Source: Direction de Santé Publique de Montréal, 2006. Le Portrait de Santé: Montréal

Employment

In 2010, 2.6% of the employment on the Island of Montreal was in St. Léonard; 55% of employed residents have full time jobs and 45% have part-time jobs[48].

Between 2001 and 2010, 2,359 new jobs were created, representing an 8.6% increase for this period. 23.4% of employment is in the manufacturing industry and 18.3% in the retail commerce industry. Almost half (46%) of businesses in St. Léonard have between one and four employees. The number of businesses decreased by 2.5% between 2009 and 2010[49].

Recent immigrants: education and employment inequalities

The table below shows that recent immigrants are significantly more likely to have a university degree than the rest of the population yet are significantly less likely to be employed full time. This may be a result of a number of factors such as an inability to speak one of the two official languages or the fact that they have not received diploma equivalencies that would allow them to find professional employment. This may mean that they are more likely to be poor, a well-documented indicator of health, and more vulnerable to developing mental health issues, for example, because they are adapting to a new culture while having no access to suitable employment[50].

Socio-economic conditions among recent immigrants, St. Léonard and Montréal

	St. Léonard		Montreal	
	Total population	Recent immigrants	Total population	Recent immigrants
Population aged 25-64 with a university degree	19.6%	**44.4%**	32.8%	52.7%
Working full-time	50.9%	60.6%	48.4%	31.2%
Not working	7.6%	9.3%	6.8%	9.9%
Unemployment Rate	10.6%	**26.6%**	8.8%	20.7%
People living below the poverty line	20.4%	**52%**	22.8%	50%

Source :Agence de la santé et des services sociaux de Montréal, 2012. Portrait des immigrants récents à Montréal

Labor force activity among French and English speakers, different populations

	Province of Quebec		RSS of Montreal		CSSS St. Léonard and St. Michel	
	English	French	English	French	English	French
In the labour Force	64.6%	65.3%	64.7%	64.4%	67.8%	58.1%
Employed	91.2%	93.4%	90.9%	91.5%	91.7%	87.6%
Unemployed	**8.8%**	6.6%	9.1%	8.5%	8.3%	12.4%
Out of the labour force	35.4%	34.7%	35.3%	35.5%	32.2%	41.9%

Source: CHSSN, 2010. Socio-economic Profiles of Québec's English-speaking Communities, 2006 census data.

The table below shows that the territory of St. Léonard and St. Michel is experiencing a different trend than Montreal and Quebec as a whole: French speakers are more likely than English speakers to be out of the labour force or unemployed.

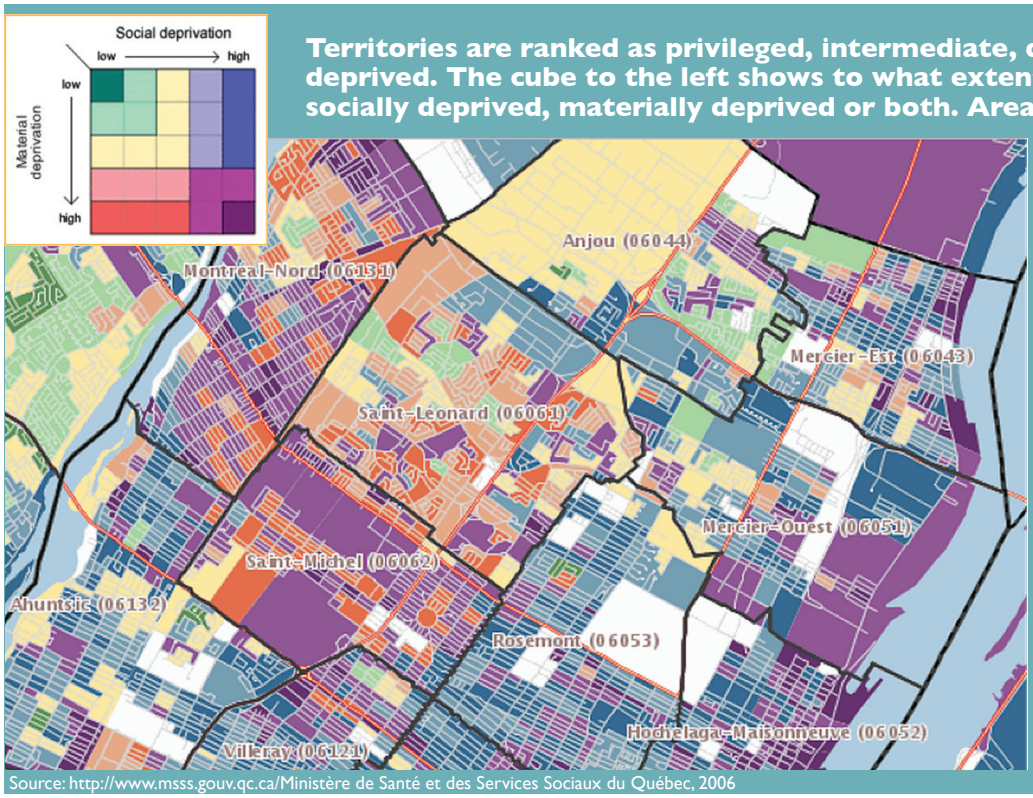
Social and material deprivation index

The social and material deprivation index is a tool developed in 1999 by the Institut national de santé publique du Québec and Quebec's ministry of health and social services to measure levels of inequality on a geographic scale. It is used in health planning, more specifically, as an indicator of needs for more vulnerable groups. Deprivation is defined as "A state of observable and demonstrable disadvantage relative to the local community or the wider society or nation to which an individual, family or group belongs."

These disadvantages are two-dimensional: material (goods and conveniences including access to housing) and social (social networks, family and community, isolation). Within these two dimensions are six indicators: the proportion of persons without a high school diploma, the employment-population ratio, average personal income, the proportion of persons living alone, the proportion of individuals separated, divorced or widowed, and the proportion of single-parent families. This excludes other indicators that would be significant, in Montreal East in particular, such as immigration and ethnic origin. With this in mind, we can nonetheless draw some conclusions from the map below which shows the most deprived areas of Montreal East, since analysis has shown that an increase in deprivation is associated with a decrease in health and an increase in health care use[51].

Territories are ranked as privileged, intermediate, deprived, and very deprived. The cube below shows to what extent some areas are socially deprived, materially deprived or both. Areas of the map in orange indicate strong material deprivation. Areas in blue suggest strong social deprivation. Areas in purple and violet indicate strong material and social deprivation. According to this tool, it is people in these areas that are most vulnerable to health problems. Those areas in dark and light green would be considered the least vulnerable neighbourhoods.

The social and material deprivation map below shows that St. Léonard has a few pockets of material and social deprivation and some pockets where there is very little social and material deprivation. In comparison, a large proportion of St. Michel is both socially and materially deprived. Other parts of St. Léonard are deprived materially (in peach) but not socially. Other areas are socially deprived (in blue), although there are less than in other areas of Montreal. In short, St. Léonard is far from being homogeneous. According to the map below, it apperas to be the least homogenous of all of its immediate neighbours in the Montreal area.



Territories are ranked as privileged, intermediate, deprived, and very deprived. The cube to the left shows to what extent some areas are socially deprived, materially deprived or both. Areas of the map in orange indicate strong material deprivation. Areas in blue suggest strong social deprivation. Areas in purple and violet indicate strong material and social deprivation. According to this tool, it is people in these areas that are most vulnerable to health problems. Those areas in dark and light green would be considered the least vulnerable neighbourhoods.

Source: http://www.msss.gouv.qc.ca/Ministère de Santé et des Services Sociaux du Québec, 2006

Health and Well-Being in St. Léonard

Supporting Healthy Lifestyles

In this section we present the perspectives expressed by participants at the consultation held in May 2012 concerning community and personal health and well-being in St. Léonard, followed by some relevant statistics and perspectives for the future.

Social Determinant of Health

Many different aspects of a community affect health and well-being in a myriad of sometimes complex ways. Social and physical environments—including social support networks, community organizations, educational opportunities, employment, incomes and social status, the natural environment, urban planning, transportation systems and the state of buildings, for example—are what most affect the health of both individuals and communities.

Health and social services also have a role to play in maintaining good health, preventing illness and treating people for health and social problems. In fact, the health care system itself is seen as a health determinant as well as a basic human right. Being able to access such services in an effective, efficient and reassuring way is therefore important. In Canada, we have a universal health care system that requires provinces to provide all "medically necessary" services on a universal basis. Yet access to care remains better for those in higher income brackets, and drug prescriptions are less likely to be filled by low-income earners. Many low- and moderate-income Canadians have limited or no access to non-insured health services such as eye care, dentistry, mental health counselling and prescription drugs.

People's health and well-being are affected by the interconnections between all the health determinants. A good example of this is the issue of food insecurity. Food is one of the basic human needs and it is an important determinant of health and human dignity. Food insecurity more often affects households with lower incomes, lower educational levels, and other forms of deprivation. People who experience food insecurity are unable to have an adequate diet in terms of its quality or quantity. They consume fewer servings of fruits and vegetables, milk products, and vitamins than those in food-secure households. Dietary deficiencies – more common among food insecure households – are associated with increased likelihood of chronic disease and difficulties in managing these diseases. Food insufficient households were 80% more likely to report having diabetes, 60% more likely to report high blood pressure, and 70% more likely to report food allergies than households with sufficient food. Finally, increasing numbers of studies indicate that children in food insecure households are more likely to experience a whole range of behavioural, emotional, and academic problems than children living in food secure households. Additionally, food insecurity produces stress and feelings of uncertainty that can have a negative impact on health[52].

Strengths identified by Participants

Participants mentioned that St. Léonard supports healthy living initiatives. There are activities such as meditation for people who are under stress, green spaces for walking and other forms of exercise such as parks for playing and bike paths, as well as leisure activities, collective kitchen and sports programs. Indeed, initiatives such as the 5-30 challenge (which promotes eating five fruits and vegetables a day and doing thirty minutes of exercise) have increased.

Second, there is a Clinique Réseau available at the CLSC St. Michel for residents without a family doctor where residents can drop in without an appointment. This facilitates access to health care services. The CLSC also has some services in English but is more limited when it comes to offering groups in English.

Furthermore, there are organizations that offer some services in English such as the Second Chance Café, the Carrefour Jeunesse Emploi (which has an English message on the phone), and the Maison des Jeunes which also has an English message on the phone. Other community services include help for newcomers with issues such as social integration and culture shock.

Third, there is a strong network of organizations working for the English-speaking population of Montreal East. A participant shared how seven or eight years ago, a few people working for the English population of Montreal East found that they were isolated, without support or partners. As a result, they began building connections to programs (for example at the CSSS) thereby improving access to health and social services for English speakers in general.

Another example is the Community Learning Center (CLC), an initiative that puts schools at the hub of the community. These involve partnerships to provide a range of services and activities after school hours, to help meet the needs of learners, their families, and the wider community. Their aim is to support the holistic development of citizens and communities[53]. Participants feel that their CLC at Laurier MacDonald high school has given the schools a new purpose in the community.

Challenges identified by participants

Challenges in St. Léonard include the lack of community programs adapted to St. Léonard's multicultural reality. This indirectly excludes individuals from certain ethnic groups from participating either because the material is not adapted or appropriate for them, or because they simply do not feel welcome or comfortable in the environment. An example given was the Leonardo Da Vinci Center which, according to one participant, has a reputation for being "a place for the well-to-do Italian, connected population." This has an impact as well on people's sense of belonging.

Another challenge is regarding seniors who have access to a day center. Although they are allowed to attend their "local" day center, transportation to and from the center is very long as there is only one that offers services in English. This means that participants are scattered throughout the CSSS territory and bus service can take up to one and a half hours both ways, making it virtually inaccessible for some seniors.

A general challenge is the lack of access to information in English. Some centers such as the Shield of Athena translate their pamphlets in twenty different languages but there are few organizations that are well adapted to St. Léonard's multicultural community.

Lastly, there is said to be a lack of services in English in mental health, particularly for addictions. Because that mandate is held by the Centre d'Entraide le Pivot (a community organization whose mission is to help people find bio-psycho-social equilibrium through group meetings, drop-ins, individual support, etc.), CLSCs and other

organizations do not provide services for people with such needs. There therefore seems to be a gap in services in this domain.

Some statistics on health and well-being

The CSSS de St. Léonard et St. Michel employs 1,140 doctors, 45 dentists and pharmacists and 90 volunteers. It is associated with three network clinics: CLSC Saint-Michel, Viau clinic, and Polyclinique Cabrini[54]. Participants expressed satisfaction with the services available, however, it is important to note that Montreal in general has experienced a slower increase in the number of clinical and auxiliary nurses than the rest of Quebec (a 0.9% variable increase for Montreal compared to a 1.6% variable increase for the rest of Quebec)[55].

The CSSS de St. Léonard et St. Michel territory is the most materially impoverished of all health territories in the Montreal area, however much of this poverty is in the St. Michel district. Nonetheless, the population appears to be in relatively good health compared to Montreal as a whole[56].This may be due, at least in part, to the strong social fabric that holds these communities together. Indeed numerous studies have found that community support can alleviate some of the needs related to health and social services. Examples of informal prevention and health promotion activities include having a loved one bring food to a sick relative, talking to neighbors as a way to deal with stress and create meaningful relationships in the community, and having a family member temporarily move in to help out after surgery.

Seniors

In St. Léonard, seniors make up 19% of the population[57]. The senior population has increased by 21.9% in the last 5 years[58], an increase difficult for any community and health system to adapt to. Among these seniors, 26% live alone, 63% are immigrants (6% of which are visible minorities), and 65% have not finished high school or any post-secondary education.

Seniors in St. Léonard and Montreal

	St. Léonard	Montreal
Civil Status of seniors aged 65+		
Single	5.2%	**11.6%**
Legally married	**58%**	**45.8%**
Separated	1.8%	2.7%
Divorced	7.8%	10.3%
Widowed	27.9%	29.5%
Seniors aged 65+ living in private households		
Living with relatives	5.8%	5.2%
Living with non-relatives	1.7%	2.4%
Living alone	25.6%	**36.8%**

Source: Ville de Montréal, Arrondissement de St. Léonard, Profil de la Population de 65 ans et plus.

As we can see from the table to the left, seniors in St. Léonard are less likely to live alone, and therefore less vulnerable than seniors in Montreal who tend to be single in greater proportion[59].

Seniors and knowledge of official languages in St. Léonard and in Montreal-2006

	St. Léonard	Montreal
Knowledge of official languages		
English only	4.8%	12.5%
French only	46.2%	39.7%
English and French	36.1%	41.1%
Neither F nor E	12.9%	6.7%
Language spoken most often at home		
English only	6.3%	15%
French only	37.6%	58.2%
Other language	52.8%	24.1%
Multiple languages	3.0%	2.7%

Source: Ville de Montréal, Arrondissement de St. Léonard, Profil de la Population de 65 ans et plus.

Many of these seniors do not speak either of the two official languages. This does not necessarily mean that this population is disadvantaged when it comes to social and community life, however, as they may be well integrated into their cultural communities which compensate for some of their health care needs.

Seniors may be at a disadvantage when it comes to access to health and social services, since a higher percentage of the population know neither of the two official languages, and a significant proportion of them speak a language other than French or English at home. The second graph below shows that many of these seniors do not speak either of the two official languages.

Seniors play bocce. Credit: REISA

Recent immigrants

Recent immigrants may have particular circumstances that impact their health, such as social adaptation and integration, precarious economic conditions, prolonged separation from family members, professional "de-qualification", pre-migratory trauma, and more. A 2005 study demonstrated that recent immigrants have less access to health and social services. In Montreal, 50% do not have a family doctor and 16% state having unfulfilled medical needs (compared to 32% and 13% of the population in general)[60].

Mental Health in Montreal East

A survey conducted by the four CSSS in Montreal East revealed that 23.9% of respondents did not know French well enough to consult a health professional in French[61]. Psychosocial support therefore requires a therapist who can communicate in the client's mother tongue. Getting by in French simply does not work in these circumstances.

The study also revealed that existing services for youth were not well known. For example, the Royal Victoria hospital has the child psychiatry mandate but few were aware of this. There is also no service "corridor" with English-speaking psychiatric hospitals in Montreal. Furthermore, there are no mental health community organizations in Montreal East that serve the English-speaking population. Those organizations regionally mandated to serve the population in mental health have few bilingual professionals and a two-year waiting list. Local CLSCs do not have the resources to serve this clientele either. Comments from CSSS managers point to staff shortages in many of their departments. In addition, they add that no requests were made by English speakers for youth mental health. With respect to the crisis center that serves the entire east end of Montreal, some employees are said to have acceptable English but there is no claim that services are bilingual.

On a positive note, the managers seemed open to adapting their action plan to the English-speaking population and offer English classes to staff through the Agence de santé et des services sociaux de Montréal. Seniors in particular mentioned the importance of being greeted by a friendly and bilingual receptionist. Unfriendly reception has caused many seniors to avoid their local CLSC.

Perspectives for the future

Participants at the community consultation suggested that in order to include various multicultural groups in community centers they could be personally invited and workers could go into those different communities and meet people. They further suggested that in order to improve access to information, the Shield of Athena could be used as an example. They are a community group that works on conjugal violence issues and they translate their pamphlets into twenty different languages. Some expressed an interest in hearing more about local resources in a community forum format. A last general suggestion was to elaborate on existing partnerships and to create new ones.

Summary
Health and Social Service

It is difficult for health and social service institutions and community organizations to be aware of the needs of minority groups if the information is not available. It is for this reason that regular updates in the knowledge base and partnerships are essential to improving access to health and social services for these populations. Strengths identified for St. Léonard include the variety and availability of healthy-living activities. Participants also mentioned being appreciative of the English services available and the strong network of organizations working together in Montreal East for the English-speaking community. The CLC at Laurier MacDonald high school was also considered an asset for the community as it provides a home for new initiatives of all kinds. Challenges mostly revolved around the issue of exclusion and included the lack of adapted services for the multicultural community, lack of access to the day center for seniors, lack of information in English and lack of mental health services in English.

Environment

In this section we present the perspectives expressed by participants at the consultation held in May 2012 concerning the natural and built environment in St. Léonard, followed by some relevant statistics and perspectives for the future.

Social Determinant of Health

The natural and built environment is one of the determinants of health as it plays an important role in people's quality of life as well as their physical and psychological well-being. At certain levels of exposure, contaminants in our air, water, food and soil can cause a variety of adverse health effects, including cancer, birth defects, respiratory illness and gastrointestinal ailments. In the built environment, factors related to housing, indoor air quality, and the design of communities and transportation systems can significantly influence our health, both as individuals and as communities.

Where people live affects their health and chances of leading flourishing lives. Communities and neighbourhoods that ensure access to basic goods, that are socially cohesive, that are designed to promote good physical and psychological wellbeing, and that are protective of the natural environment are essential for health equity.

For example, it has been shown that various elements of the built environment and services environment affect people's behaviours, such as the amount of physical activity they do or their diet, which in turn can have an effect When compared with all English speakers in Quebec, we find that the English-speaking population in Laval has proportionally fewer persons in the older age cohorts and has a much higher proportion of children under the age of 1533. In addition, Laval has a slightly higher birth rate than the rest of the province34. Also, compared to French speakers, there are more English-speaking Lavalers in the younger half of the working population (25-44)35. on physical characteristics such as body weight. Since obesity has become one of the most troubling public health problems in recent years—described as an epidemic by the World Health Organization—researchers and health organizations are seeking to better understand how to promote healthy lifestyles and prevent weight-related problems. There are many ways to change the environment to encourage people to use active transport, to eat healthier foods and to interact with their neighbours. For example, neighbourhoods can be designed with a blend of commercial and residential uses, with walking and biking paths, and with easy access to public transit and recreational infrastructures. This makes it easier for residents to do a number of activities in a walkable radius and have more frequent contact with neighbours[62].

Strengths identified by participants

Many strengths were mentioned in relation to St. Léonard's built and natural environment, many connected to the school and its initiatives. Activities that were mentioned include tree planting, parks, city clean-ups, education on water usage and other environmental issues. Second, St. Léonard was described as having lots of green space, due in part to the urban planning of the 1960's. Parks were strategically placed (a large one in each of the four sections of St. Léonard) and many streets are lined with trees. The borough of Saint-Léonard has many parks, such as Coubertin Park, Delorme Park, Ferland Park, Garibaldi Park, Pie-XII park, Luigi-Pirandello Park, Wilfrid-Bastien Park, Hébert Park[63]. Third, local community gardens were described as being beautiful and sophisticated.

Source: arrondissement.com

Some buildings, such as the library and the Leonardo Da Vinci Center, were said to be assets in that they are aesthetically pleasing and also comfortable and welcoming places to relax and socialize. St. Léonard is considered a convenient place to live because it is close to the city and has public transportation. This is an advantage for youth.

Eco-Quartier leads activities at Leonardo da Vinci Center. Credit: REISA

Lastly, recycling was said to be an asset. It has become the norm in many homes and is practiced in schools. The Éco-Quartier Saint-Leonard is involved in raising awareness and educating the community on environmentally-friendly practices including recycling and composting.

Challenges identified by participants

Some people mentioned that there is not enough green space in St. Léonard and that buildings are getting higher and higher, for example on Jean Talon. Suburbs are also said to be becoming more "city-like" and housing is said to be unaffordable. Some hypothesize that this is due to more people moving in and its proximity to the city center.

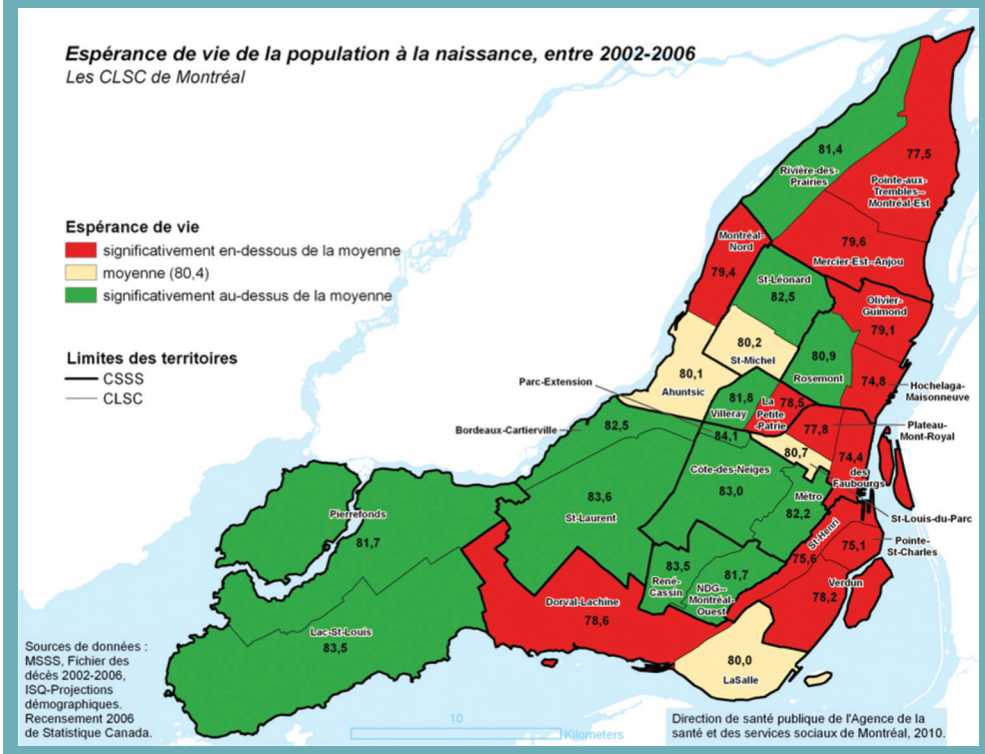
Participants also discussed the bike paths: they believe they need improvement because a person cannot go from the north to south sectors of St. Léonard because the bike path is not continuous. As a result, people who would like to go to work by bicycle cannot, or else they have to use the boulevards, which are dangerous. The conditions of the streets

are also considered a problem, since they have many potholes which are bad for cars and not aesthetically pleasing. Participants were of the opinion that care of the borough has deteriorated: whereas the city used to weed the sidewalks and remove snow quickly, a lack of funds has made this difficult. Related to this is the complaint that garbage and recycling bins are not emptied often enough, leading to overflowing and garbage in the street. A last issue mentioned was pedestrian safety and walkability. Participants observe that there are not enough crossings, which poses a danger to pedestrians.

Some statistics on the environment

St. Léonard is a borough within a busy metropolis. It is a neighbourhood with a varied natural and built environment. Although most of the borough was built during the 1960s when a large portion of the population was Italian (the types of housing and architecture reflect this), the landscape has been slowly changing in recent decades to accommodate the growing population and businesses. For example, Jean-Talon Street East has more than 271 shops and businesses. Located in the heart of Saint-Leonard, this commercial artery contributes to the cultural and economic influence in the district. It is recognized for the quality of its services and the involvement of its businesspeople in the community. This has always been the case as many Italians have their businesses there, however, as mentioned above, the types of buildings are changing. This accommodates some but has consequences for others.

Nutrition is a known health determinant. The public health director at the Agence de la santé et des services sociaux de Montréal undertook a study which demonstrated that 32% of the CSSS de St. Léonard et St. Michel territory residents have little or no access to fresh fruits and vegetables within walking distance. In addition, close to 2/3 of the population is at a high level of poverty[64]. In spite of this information, the map below shows that life expectancy in St. Léonard is significantly above average. It is less so for St. Michel and much less so for some districts such as Hochelaga-Maisonneuve, which has one of the lowest life expectancies in all of Montreal.



Source: MSSS File on the deceased 2002-2006, Demographic projections from Statistics Canada, 2006.

Perspectives for the future

Peoples' hopes for the future were that more green spaces would be created. Some also hoped to see youth get more involved in gardening and learning about green space maintenance. The group agreed it would be nice to have an improved bike path. The group also agreed that more garbage and recycling bins near restaurants, stores and in public places in general would make the borough cleaner. On the other hand, schools were said to be excellent vehicles for educating youth about environmental issues and encouraging community initiatives for environmental protection.

Summary
Environment

Assets include the fact that schools participate in environmental activities and education. Also mentioned were St. Léonard's many green spaces, community gardens, aesthetically pleasing buildings, and the success in recycling. Challenges mentioned were insufficient green spaces, deteriorating roads, overflowing public garbage cans, and bike paths that need improvement. Some also felt that urban development is causing architecture to become more "city-like". Walkability was seen as an issue since there are not crosswalks at every street corner. Hopes for the future include making green spaces more available by transforming paved areas into grass or gardens, improving bike paths from the North to the South part of St. Léonard, and emptying garbage bins more often to prevent them from overflowing.

SUMMARY AND CONCLUSION

St. Léonard has a unique history. Whereas it started out as a small French rural town, it grew exponentially in the 1970s to accommodate a bustling new Italian community. Today, St. Léonard is increasingly diverse, notably with many new Canadians from North Africa. Immigrants account for a significant portion of St. Léonard's residents: 38% of the population is immigrant (41% of these are of Italian origin) and recent immigrants make up 8%. Although the majority of the population have either French or Italian as their mother tongue, 35% of recent immigrants speak Arabic and 22% speak Spanish.

With respect to **social and community life**, many English-speaking residents have a strong sense of family, and very few people live alone or with non-relatives compared to English speakers across the province. People in St. Léonard are most likely to be married or living in common law families.

Interestingly, the cost of housing is significantly higher than in neighbouring districts. This is positive for those trying to sell their homes, but puts those living below the poverty line (including many recent immigrants) at a disadvantage, as much of their income goes into housing.

Strengths identified by participants include the welcoming and accepting attitude in the community as well as the many opportunities for networking. Challenges however include the difficulties adapting to multiculturalism, particularly in some milieus such as schools and in the service offers of community organizations. Another challenge is poverty which seems to be ignored by politicians. Finally, there is lack of activities and places for youth to socialize, which can lead to them getting into trouble. Hopes for the future include more resources for youth in order to maintain and improve community vitality as well as more efforts on the part of community organizations to include multicultural groups.

In **education**, it was found that no school in St. Léonard was marked as being in the "disadvantaged" category, meaning fewer than ten students per school were living below the low income cut-off. Because most of the statistics on education include the St. Michel territory, some results may be skewed as St. Michel is more economically disadvantaged than St. Léonard. That is not to say, however, that there are not pockets of poverty in St. Léonard as well.

Strengths identified by participants at the consultation include the involvement of parents in their children's education, high-quality school facilities, and good partnerships between the schools and other organizations. Challenges mentioned were difficulties such as bullying and racism related to multiculturalism, and the fact that the school board seems to be ignoring these issues. An impact for Italian youth is that they experience culture shock when they go out into the broader world and realize that not everyone is like them. Hopes for the future include more involvement on the part of the school board and school staff to deal with issues of bullying and racism. More prevention and health promotion funds were also mentioned as a wish for the future.

In the area of **incomes and employment**, only statistics were presented as this subject was not discussed during the consultation. Important points include the fact that incomes are lower in St. Léonard than they are in Montreal as a whole, in spite of high housing costs. Furthermore, English speakers in St. Léonard are significantly less likely to earn in the $50,000+ income bracket compared to English speakers in Montreal as a whole and the rest of the province. Lastly, recent immigrants are significantly more likely to have a university degree but less likely to be employed.

For **health and well-being**, it was found that the senior population in St. Léonard is very high and that that population has increased by 22% in the last five years. Of these seniors 63% are immigrants and 65% did not finish high school. Many seniors in St. Léonard do not speak either French or English. These facts may put them at a disadvantage when it comes to accessing health and social services.

Strengths identified include the general healthy living habits encouraged in St. Léonard. Next, the Network clinics are helpful for those who do not have a family doctor. Lastly, the Community Learning Center has been helpful in improving the well-being of the English-speaking community by offering programs and activities related to health and social services that did not exist before. Challenges mentioned were a lack of adapted community programs for the multicultural community, the general lack of health and social service information in English, the lack of mental health services in English, and lastly, the inaccessibility of the senior's day center due to long bus rides. Hopes for the future include innovative approaches to working with the multicultural community, more translated health and social service documents, more partnerships in order to improve access to health and social services and finally, more forums and community activities that allow the community to learn about what is available to them and to share ideas.

Lastly, in the theme of the **environment,** assets include the fact that schools participate in environmental activities and education. Also mentioned were St. Léonard's many green spaces, community gardens, aesthetically pleasing buildings, and the success in recycling. Challenges mentioned were insufficient green spaces, deteriorating roads, overflowing public garbage cans, and bike paths that need improvement. Some also felt that urban development is causing architecture to become more "city-like". Walkability was seen as an issue since there are not crosswalks at every street corner. Hopes for the future include making green spaces more available by transforming paved areas into grass or gardens, improving bike paths from the North to the South part of St. Léonard, and emptying garbage bins more often to prevent them from overflowing.

Role of REISA

Over the past five years, REISA has been building partnerships with the English-speaking community and the institutions in and around Saint-Léonard. REISA has partnered with the Municipality of Saint-Léonard as well as La table de concertation de Saint-Léonard (a group of 35 community organizations offering French-language services) with the objective of offering more visibility to the English-speaking minority community and discovering the most effective ways to increase access to English health and social services. This process has led to the pairing of several organizations offering French services with the very few organizations offering services in English that constitute the REISA network.

The CSSS de Saint-Léonard et Saint-Michel recognizes and values the role of REISA as vital for community mobilization and revitalization. REISA has been invited to sit on important committees formed by the French and English local school boards for the development of an action plan for healthy schools and the reduction of the number of school dropouts. Being recognized as a valued community representative, advocate and actor in community vitality for the English-speaking persons in the east end will continue to be REISA's main goal in the future.

Summary	Community Life	Education	Environment	Health
Strengths	• Acceptance of multicultural differences • Abundant networking opportunities in the community (particularly for men and seniors) • Youth have access to sports programs • Community is very involved in helping local youth and the underprivileged	• Parents are particularly involved in elementary level education. • Schools are renovated and have good facilities. • There are good partnerships between schools and other organizations in the community. • Good private daycare services.	• Personally invite individuals from various ethnic backgrounds to community activities in order to promote inclusion. • Translate documents into many languages in order to improve access to information. • Hold a community forum in order to learn more about local resources. • More partnerships.	• St. Léonard supports healthy living habits of all kinds (environmental physical, spiritual, nutritional, etc). • The drop-in 'Clinique Réseau' improves access for people without family doctors. • Strong community network working to improve the well-being of the English-speaking population. • New initiatives of the Community Learning Center are good for the community and give a new life and purpose to the school.
Challenges	• Acceptance of multicultural differences is a challenge in some schools • Networking opportunities are limited for women • There is a lack of community activities in English (ex. Workshops) • Poverty issues in the community are swept under the rug by politicians who do not want St. Léonard to attract the poor. • Not enough recreational activities for youth due to the fact that the community does not tolerate their rowdiness. -this leads to youth going to the city, leaving an aging population. -this leads to social problems among youth such as drug use because there is no one watching over them.	• Difficulties associated with multiculturalism. • School are said to be ignoring these bullying issues. • Italian youth who are a majority in schools are unprepared for post-secondary education. They experience culture shock. • There seem to be transition issues when students go from elementary to high school. They lack the maturity needed to adapt to different environments.	• Not enough green space. • St. Léonard is becoming more 'city-like'- concrete buildings keep getting bigger and bigger. • Housing is unaffordable. • Bike paths need improvement. • Roads are deteriorating. • Care of the borough has decreased; less weeding of the sidewalks, less snow removal, overflowing garbage bins. • Walkability is an issue; lack of cross walks at major intersections.	• There is a lack of adapted community programs for St. Léonard's multicultural reality. • Seniors don't have access to the day center because the bus route is too long. • There is a general lack of community and health and social services information available in English. • There is a lack of services available in English in mental health.
Future	• More resources for youth (spaces to socialize, recreational activities). • Community stakeholders and partners need to invest in amending cultural differences in a multicultural environment for the sake of the youth.	• The school board should get more involved in bullying issues. • The pastoral animator and school councillors should be more involved in bullying and racism issues by offering workshops (ex: ethnic diversity) on the topic or by intervening individually if there's an issue. • More funding for prevention and health promotion in schools.	• More green spaces made available by transforming paved areas into green. • Better bike paths that are repaired and extended from North to South. • More garbage and recycling bins close to stores and restaurants	• Personally invite individuals from various ethnic backgrounds to community activities in order to promote inclusion. • Translate documents into many languages in order to improve access to information. • Hold a community forum in order to learn more about local resources.

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