

Improving the
HEALTH and
WELL-BEING
of English-Speaking
SENIORS
in the Laurentians, Québec

*A Needs
Assessment*



Laurentian community network
Réseau communautaire des Laurentides

January 2022

This needs assessment was commissioned by the 4Korners Laurentian Community Network, a registered Canadian charitable organization founded in 2005, which connects individuals of the Laurentians with programs and services to meet their needs in a secure and inclusive environment. The objective was to identify the needs of the aging English-speaking population in the Laurentians and to determine if they are currently being met.

The First Nations Adult Education School Council conducted the assessment in partnership with S.O.A.R. Solutions, a consulting firm. The work was overseen by a committee (the Seniors' Needs Assessment Committee, SNAC), made up of 4Korners employees, volunteers, the Elders' Community Worker from the Kanesatake Health Center and project consultants from the First Nations Adult Education School Council.

This overview is based on a needs assessment written by Rola Helou and Lois Finch, summarized by Mary Richardson.

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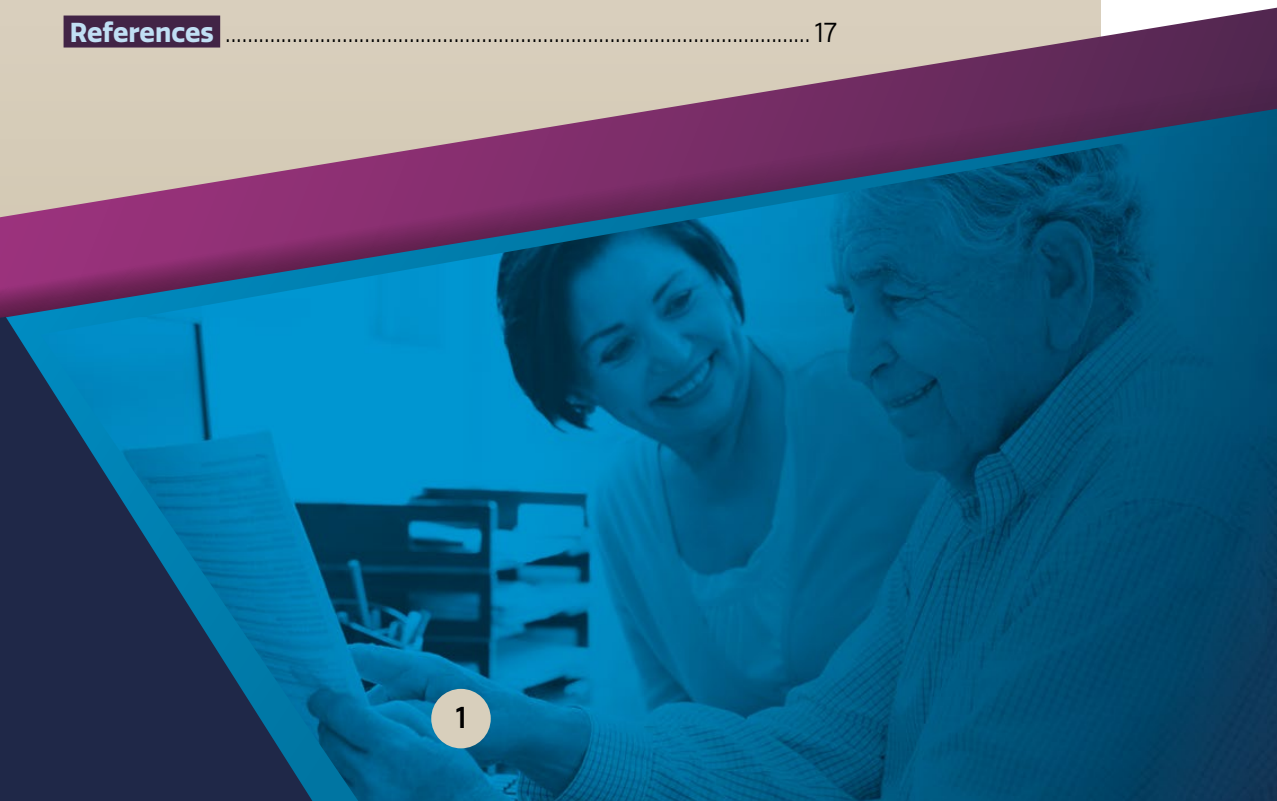
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Table of contents

Introduction	2
Methodology	2
A community model for the health and well-being of English-speaking seniors.....	2
Context	4
The Laurentians	4
English speakers in Quebec	5
Seniors in Canada	5
English-speaking seniors in Quebec.....	6
Seniors in the Laurentians	7
Seniors by RCM.....	9
Results of the needs assessment	10
On the whole.....	10
Existing services	10
Focus groups	11
Online survey	12
<i>Language</i>	12
<i>Health services and language</i>	12
<i>Age-friendly communities</i>	12
<i>Active ageing</i>	13
Conclusion	14
Recommendations	15
References	17



Introduction

This needs assessment was conducted both as a process to better understand the English-speaking senior population in the Laurentians, and as part of a partnership with FADOQ – Région des Laurentides to do the same for French speakers.

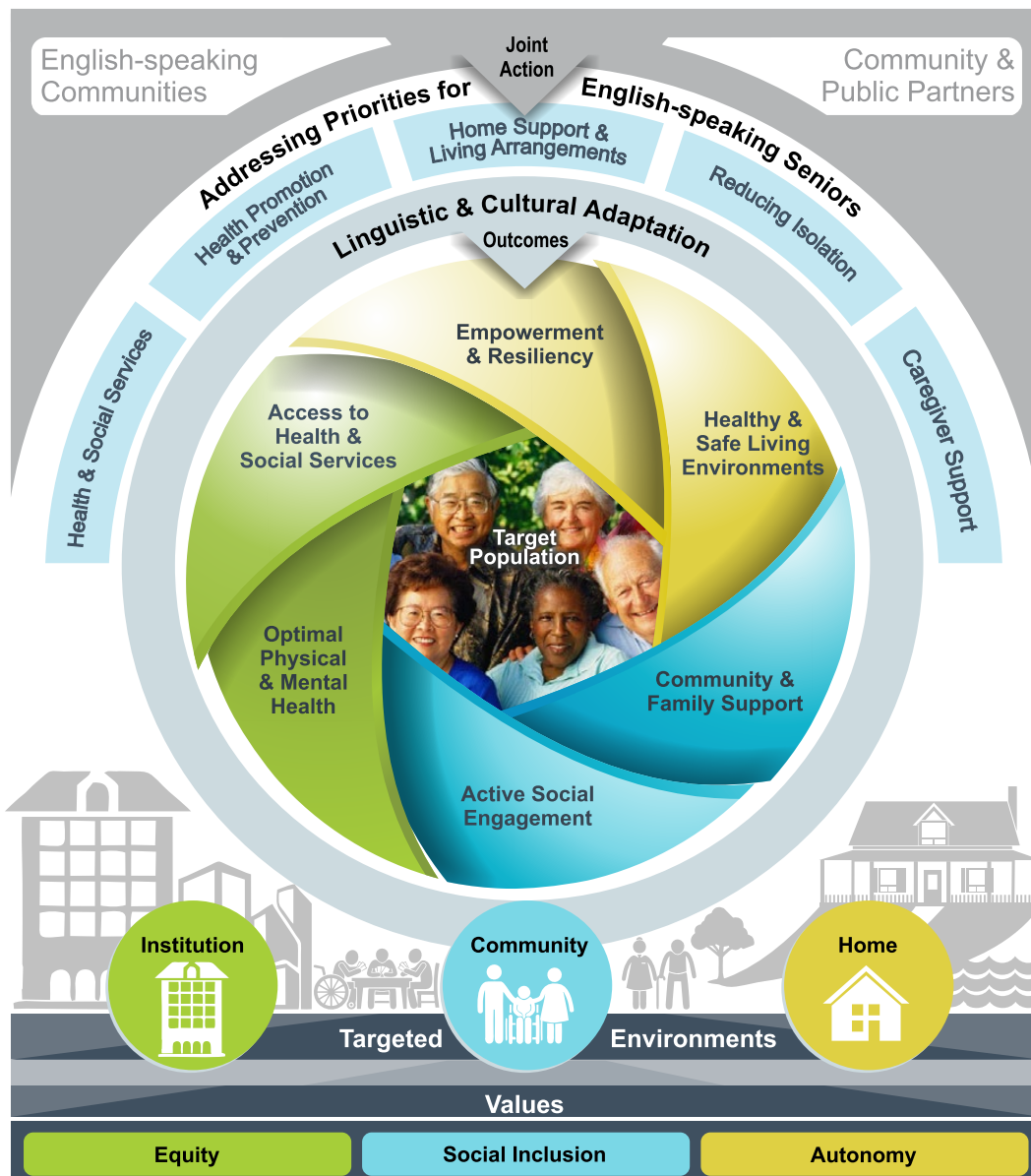
Methodology

This document brings together several sources of information, including background documentation on the situation of seniors in Canada, in Quebec, and more specifically within the English-speaking community in the provincial, regional and local contexts, as well as the perspectives of local seniors. Secondly, a database was created on all information regarding programs and activities available for seniors in each RCM. Then, five focus group discussions were held with a total of eighteen seniors. An on-line survey was developed and distributed throughout the region, from 14 February 2021 – 14 April 2021. The full report of the results is available from 4Korners.

A community model **for the health and well-being of English-speaking seniors**

The approach taken by 4Korners is grounded in the community model for promoting the health and well-being of English-speaking seniors in Quebec. This was developed by the Community Health and Social Service Network (CHSSN) in collaboration with a variety of community organizations throughout Quebec. The main purpose for the model is to help inform and guide English-speaking communities, their community and public partners in their ongoing collaborative efforts to effectively adapt programs and services to improve the lives of English-speaking seniors in their communities. The model promotes a holistic perspective of health and well-being and proposes a comprehensive strategy not limited to quality and access to health care, but inclusive of the social, cultural, economic and environmental conditions of English-speaking seniors.

Promoting the Health and Well-being of English-speaking Seniors in Quebec
A COMMUNITY MODEL



Model developed by
CHSSN Community Health And Social Services Network
 Réseau communautaire de santé et de services sociaux

Endorsed by
SENIORS ACTION QUEBEC

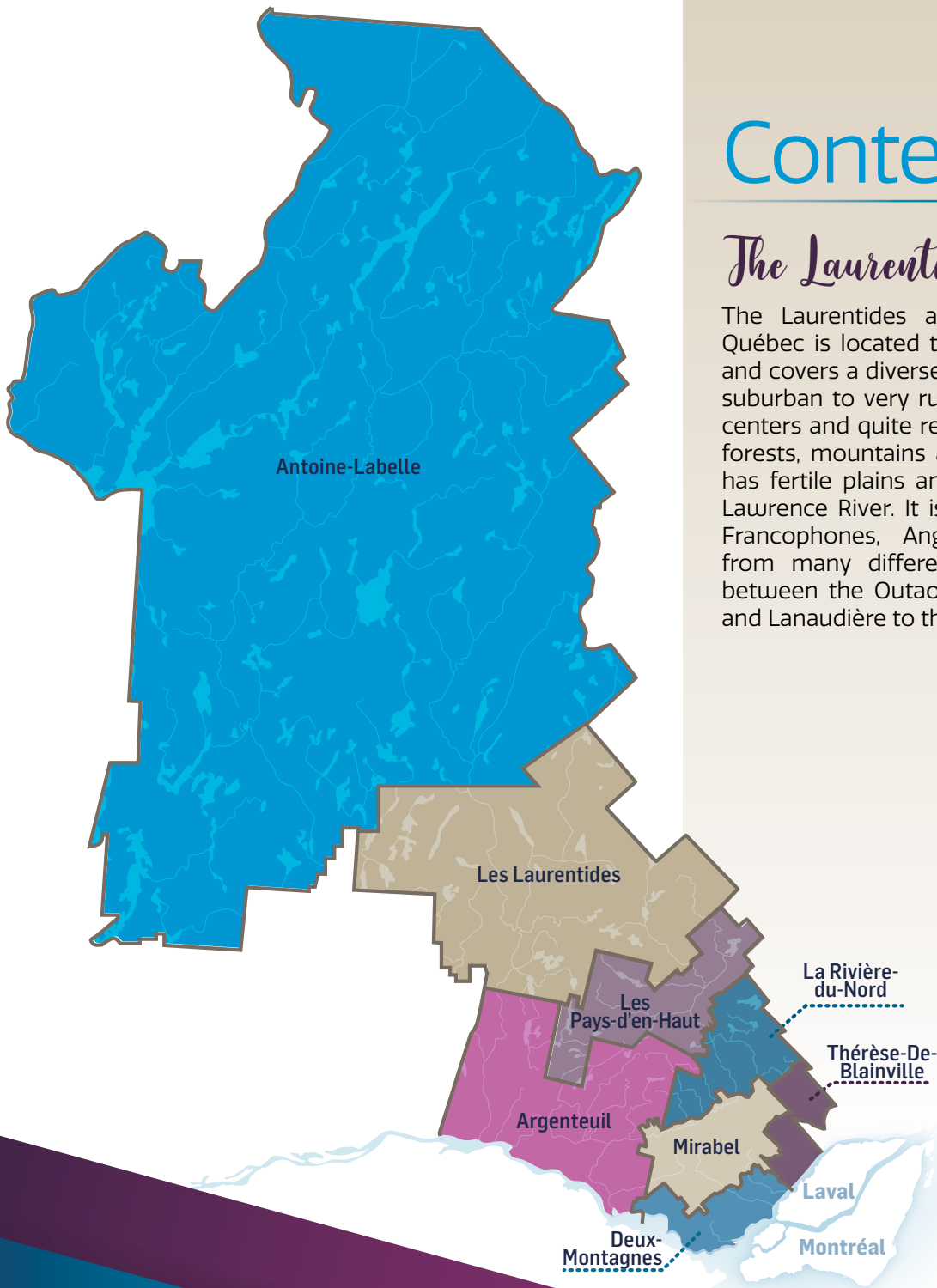
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<https://chssn.org/documents/promoting-the-health-and-well-being-of-english-speaking-seniors-in-quebec-a-community-model-3/>

Context

The Laurentians

The Laurentides administrative region of Québec is located to the north of Montreal and covers a diverse range of contexts, from suburban to very rural, close to large urban centers and quite remote. It is known for its forests, mountains and ski resorts, but also has fertile plains and areas along the Saint Lawrence River. It is home to First Nations, Francophones, Anglophones and people from many different backgrounds. It lies between the Outaouais region to the west and Lanaudière to the east.

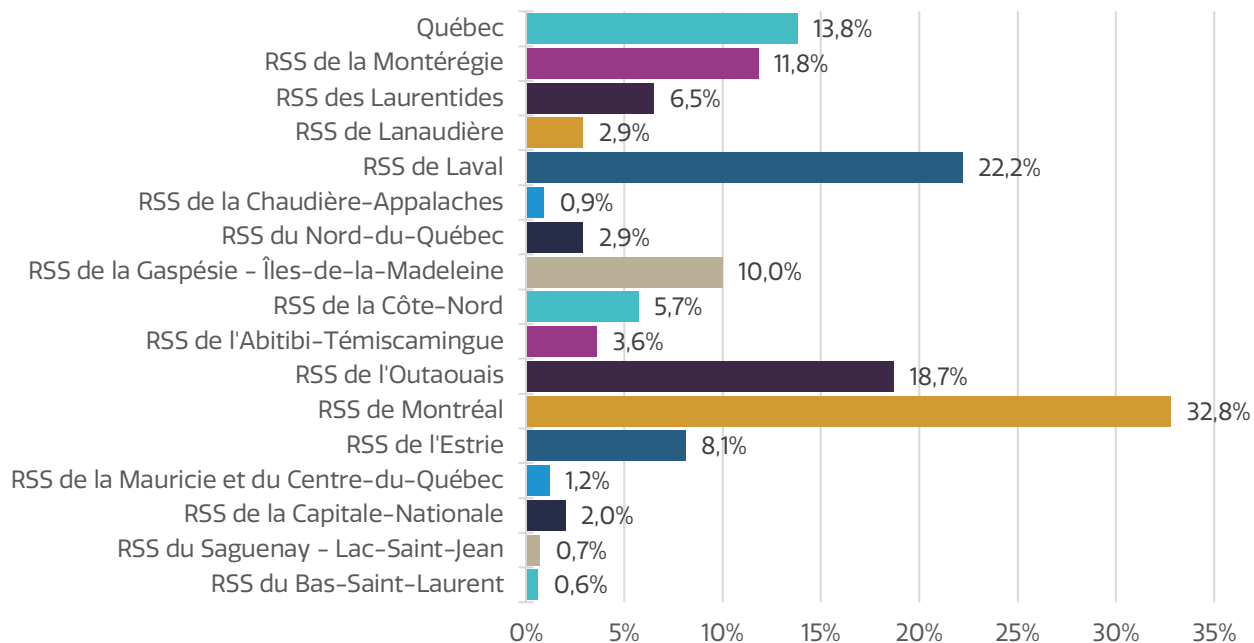


English speakers in Quebec

According to the 2016 census of Canada, there are about one million (1,097,925) individuals living in Quebec whose first official language is English. Quebec's English-speaking communities comprise

13.8% of the Quebec population. In the Laurentides region, the English-speaking community is comprised of 37,555 individuals and makes up 6.5% of the regional population.

English Speaking Population as Proportion of Total Population, by Health Region, 2016



Source: JPocock Research Consulting, 2016 Census, Statistics Canada. Population in private households - 25% sample. The linguistic concept is First Official Language Spoken with multiple responses distributed equally between English and French.

Seniors in Canada

According to population projections (Statistics Canada 2019), the proportion of seniors (aged 65 and over) in the population would increase from 17.2% in 2018 to between 21.4% (slow-aging scenario) and 29.5% (fast-aging scenario) in 2068. The increase in the share of seniors would be most

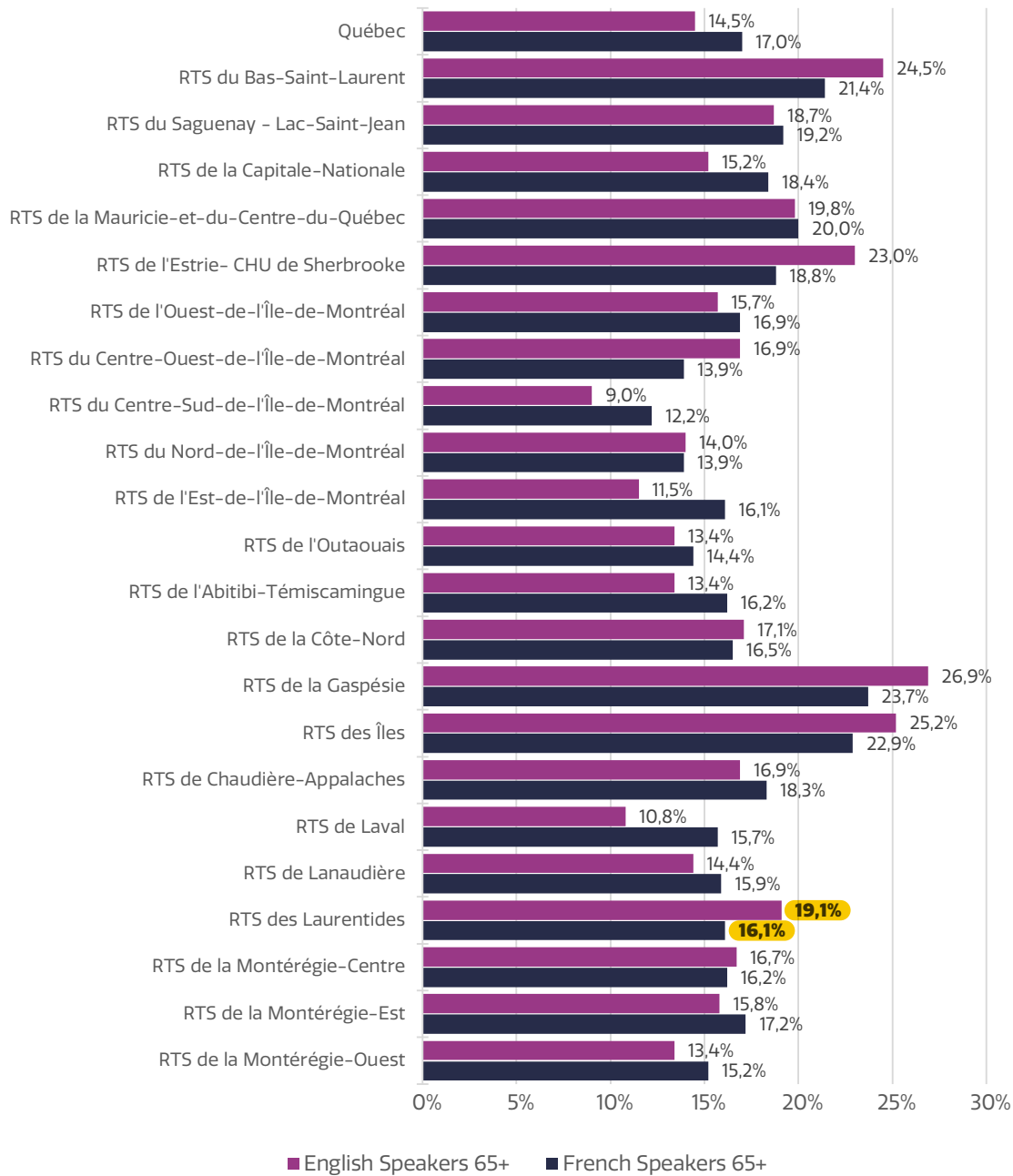
pronounced between 2018 and 2030, a period during which all members of the baby boom would reach age 65 and over. In Quebec, the proportion of the population aged 65 and over is projected to be between 22.9% (slow-aging) and 28.0% (fast-aging) in 2043, higher than in 2018 (18.8%).

English-speaking seniors in Quebec

In Quebec, in 2016 there was a greater proportion of individuals 65 years and over within Quebec's majority language population (17% compared

to 14.5%). However, the proportion of seniors outweighs the provincial average for English speakers in nine regions, including the Laurentides.

**Proportion of Seniors Aged 65 Years and Over, by Language Group
Québec and its RTS Territories, 2016**



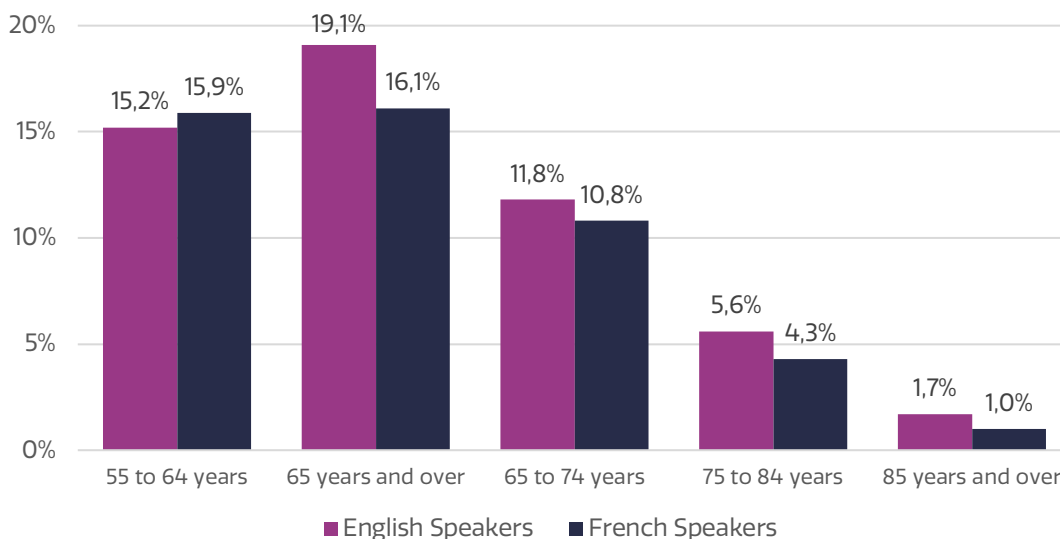
Pocock, Joanne, for CHSSN, Socio-demographic Profile of the Population Aged 65 and Over, RTS des Laurentides

Seniors in the Laurentians

In the Laurentides region, in 2016, there were 7,160 English-speaking seniors aged 65 and over. They represented 19.1% of the English-speaking

population. This was higher than the proportion for French speakers (16.1%).

**Age Structure of the English- and French-Speaking Population
RTS des Laurentides, 2016**



Source: JPocock Research Consulting, 2016 Census, Statistics Canada. Population in private households - 25% sample. The linguistic concept is First Official Language Spoken with multiple responses distributed equally.

Age 65-74

There were 4,430 English-speakers aged 65 to 74 living in the region. They represented 11.8% of the English-speaking population. The proportion of English-speakers aged 65 to 74 in RTS des Laurentides was higher than the proportion of French speakers (10.8%).

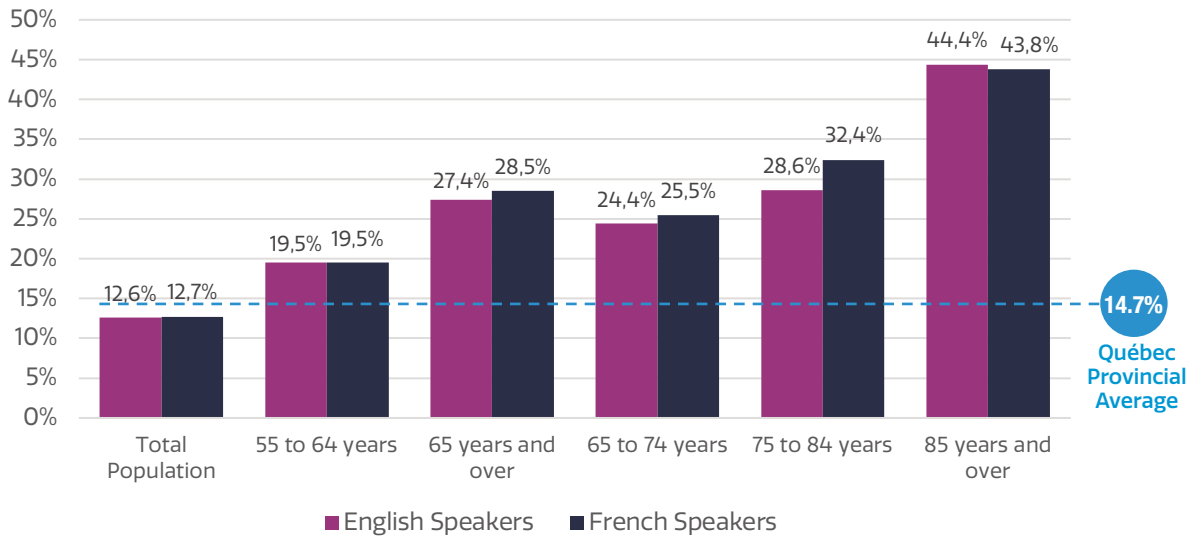
Age 75-84

There were 2,115 English-speakers aged 75 to 84 in the region. They represented 5.6% of the English-speaking population. The proportion of English-speakers aged 75 to 84 was much higher than the proportion of French speakers (4.3%).

Age 85+

There were 620 English-speakers aged 85 and over living in the region. They represented 1.7% of the English-speaking population. The proportion of English-speakers aged 85 and over was much higher than the proportion of French speakers (1.0%).

Persons Living Alone, by Language and Age Group RTS des Laurentides, 2016

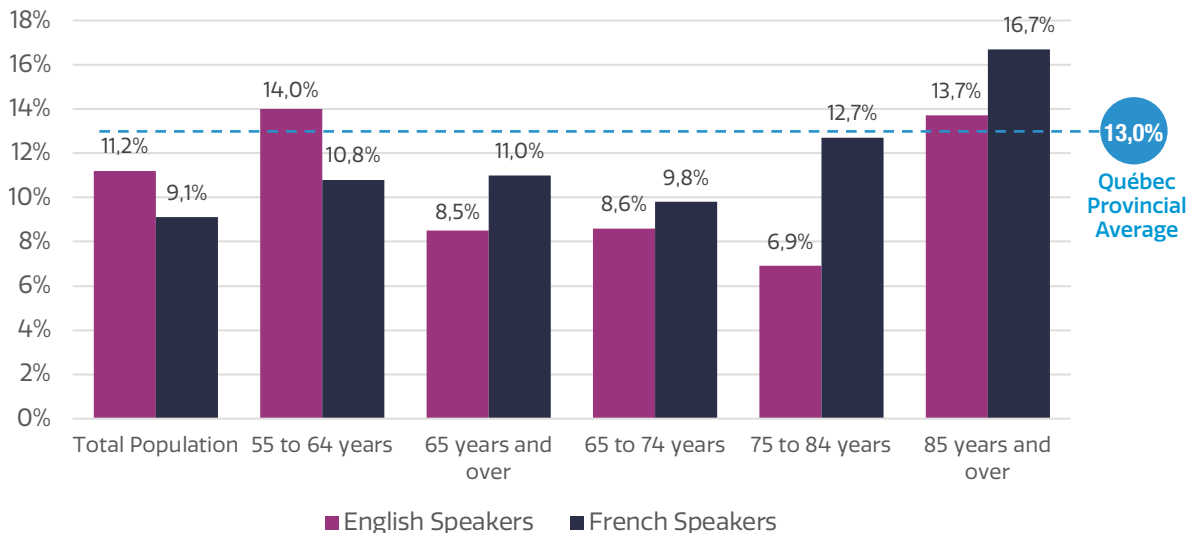


Source: JPocock Research Consulting, 2016 Census, Statistics Canada. Population in private households -25% sample. The linguistic concept is First Official Language Spoken with multiple responses distributed equally.

In 2016, there were 1,960 English-speaking seniors aged 65 and over in RTS des Laurentides who reported living alone. They represented 27.4% of English-speaking seniors. This was similar to the proportion among French speakers (28.5%). For the

different age categories, the proportions of English and French speakers living alone was fairly similar, with rates among Francophones somewhat higher, except for seniors aged 85 and over.

Total Population Living Below LICO, by Language and Age Group RTS des Laurentides, 2016



Source: JPocock Research Consulting, 2016 Census, Statistics Canada. Population in private households -25% sample. The linguistic concept is First Official Language Spoken with multiple responses distributed equally.

In 2016, there were 610 English-speaking seniors aged 65 and over living below the low-income cut-off in RTS des Laurentides. They represented 8.5% of English-speaking seniors. This was much lower than the proportion among French speakers

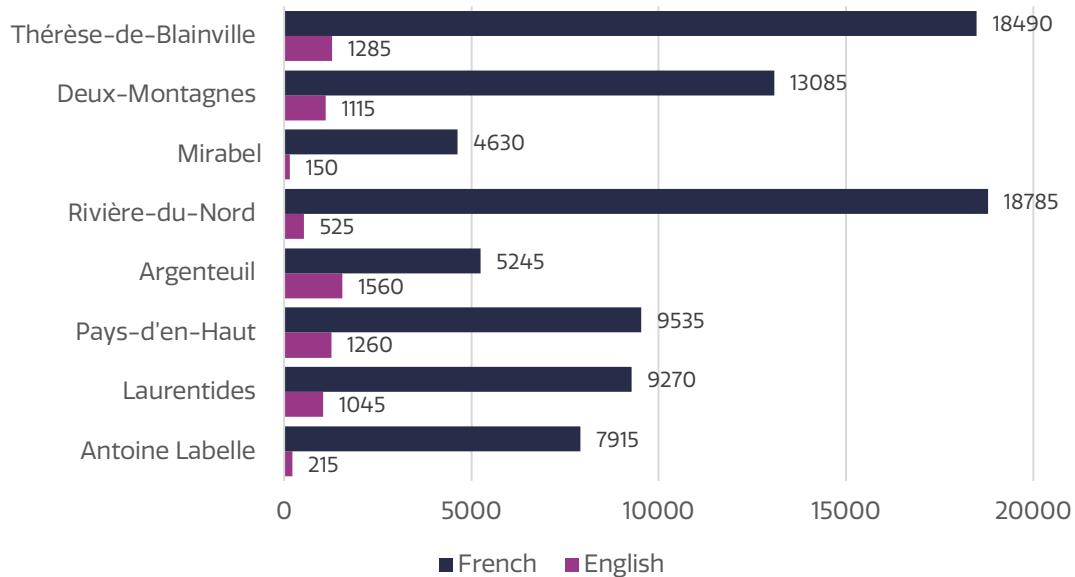
(11.0%). This was true for all age categories among seniors aged 65 and over; however, among people aged 55 to 64, English speakers were more likely than French speakers to be living below the low-income cut-off.

Seniors by RCM

The demographic situation is different in each regional county municipality (RCM or MRC in French). English-speaking seniors represent a minority in all RCMs, however their share of the total population varies significantly. In many cases

they represent a larger proportion of the population than do French-speaking seniors: in the MRC des Laurentides English-speaking seniors make up 36% of the English population, while French-speaking seniors make up 22% of all French speakers.

Number of seniors age 65 + by language



Results of the needs assessment

On the whole

The results of the needs assessment commissioned by 4Korners to better understand the needs of English-speaking seniors in the Laurentians are summarized below. The focus groups and survey responses show that older people need information about accessing what they need, in a language they can understand. They want to remain active and healthy. They need to find ways to stay in their homes while maintaining them. If they must leave their homes, older people want a safe place to go where their dignity is not compromised and the services are compassionate and caring. Ideally, these places would be in their own community, where they have developed ties and where they wish to stay. Older people want to participate in their community and want to be involved in the decisions taken about their needs.

Existing services

Existing services for seniors were documented by community or municipality and, when possible, by language. In summary, there are

334 activities, **106** of which are available in English (according to the websites consulted)

16 public long term care facilities

4 private long term care facilities

1 cooperative housing facility

14 low-income housing options operated by RCMs

20 non-profit housing options

150 private seniors' residences,
57 of which offer services in English

Most activities for seniors are available in several locations, but not all. In addition, there are English services in each category, with the exception of food security, community kitchens, errands and seasonal work.

Focus groups

Eighteen people participated in focus group discussions around the needs of seniors in the Laurentians. Four key questions were discussed: needs, worries, suggested activities and values.

We need a space where English-speaking seniors can gather. This should be multigenerational, inclusive and bilingual!

I don't need anything... my family and neighbours help me out and can support me.

I may need a local seniors' residence at some point, but I don't want to go into a CHSLD. Cooperative housing could be a good option! Maybe public-private partnerships could help with that?

I want to stay in my home as long as possible. But I might need help with maintenance! And it would need to be affordable.

I am concerned about getting health care, ideally in English, and in simple language I can understand.

... but what about home care services? Will people be willing to come to my rural area?

Yes, there could be storytelling, social activities, meals, Kanien'kéha¹ lessons, comedy nights and opportunities for seniors to share their talents with others through workshops and courses!

How about "adopt-a-gramma" to link people who don't have a family nearby?

I need to have access to physical, social and learning activities. Sometimes I may need transportation.

1- Kanien'kéha, also known as Mohawk, is the language spoken in Kanesatake. A multigenerational centre would allow young people to learn their language from Elders. There is a fear of losing the few Elders who speak Kanien'kéha before the young people learn it from them.

Online survey

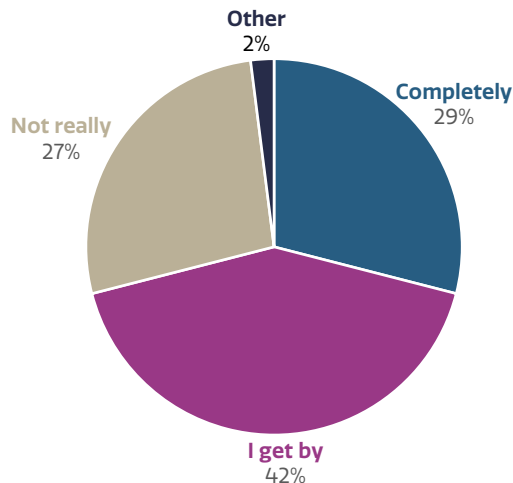
The online survey was completed by 358 people age 50 and over.

LANGUAGE

Among survey respondents, 82% learned English first, while 5% learned Kanien'kéha, 4% learned French, and 3% learned German first. When asked about their proficiency in French, 29% said they were completely bilingual, 42% said they get by and 27% said they do not really speak French. This varies significantly by territory.

"Getting by" in French may be fine for many everyday activities. However, it can make situations such as health care or emergency situations stressful and even dangerous.

Proficiency in French



HEALTH SERVICES AND LANGUAGE

Respondents were asked to identify which health services they had used in the last two years. They were also asked whether the service was offered in English and if documentation was available in English. Some key points from the responses include:

- The most used services are a family doctor, calling for an appointment and speaking with someone at reception, and Telehealth
- The majority received these services in English (between 64% and 82%)
- A higher percentage of people were given papers in French than in English, with the exception of family doctors outside the Laurentians

AGE-FRIENDLY COMMUNITIES

The World Health Organization has developed an Age-friendly Cities framework with eight interconnected domains that can help to identify and address barriers to the well-being and participation of older people.



These domains overlap and interact with each other. For example, respect is reflected in the accessibility of public buildings and spaces and in the range of opportunities that the city offers to older people for social participation, entertainment, volunteering or employment.

The lack of affordable public transport for example isolates older people who no longer drive in their homes and make participation in community life difficult, increasing the risk of isolation and loneliness. When transport is available and adapted to the needs of seniors, both in terms of scheduling and destinations, it enhances mobility and facilitates social participation and a sense of belonging in one's community. (<https://extranet.who.int/agefriendlyworld/age-friendly-cities-framework/>)

In Canada, many communities have implemented age-friendly community processes, including in Quebec, where the initiative is called MADA, *Municipalités amies des aînés*.

In the Laurentians, three-quarters of municipalities have undergone an age-friendly municipalities process. Yet, when asked if their town or municipality had participated in the formal age-friendly process (MADA), 82% of people did not know.

ACTIVE AGEING

Many of the themes explored in the survey relate directly to the concept of active aging. Active aging combines notions of being physically and mentally active, having activities to participate in and being socially connected. As one participant said:

"Active aging is being able to continue to sing with others, dance, play sports with others, play music and paint with others to the best of my ability."

In order to promote healthy older years, seniors need to have access to buildings and other infrastructures such as community centres, clubs, municipal halls, libraries, places of worship, health care facilities and sports venues (such as a pool, bowling hall, ice rink, tennis courts, trails, parks). As highlighted by the focus groups discussions, seniors expressed a need for physical and social activities, for information and for participation.

What would most benefit your community?

1

Activities

47%

Physical exercise, computer courses, creative activities (art, dance, craft), outdoor activities, social activities (meals, dances, outings), cognitive activities, cultural, increase participation and hiring someone to organize all these.



2

Infrastructure

20%

Transportation, safe environments for walking and biking, pool, housing, internet, a space for seniors and local stores (banks or grocery).

3

Staying home

13%

Meals on wheels, home visits or calls to check in on those who are home alone, home care and maintenance (from small repairs to seasonal cleaning and snow removal).

4

Communication

12%

Information about programs services and activities, services in English and government support.

5

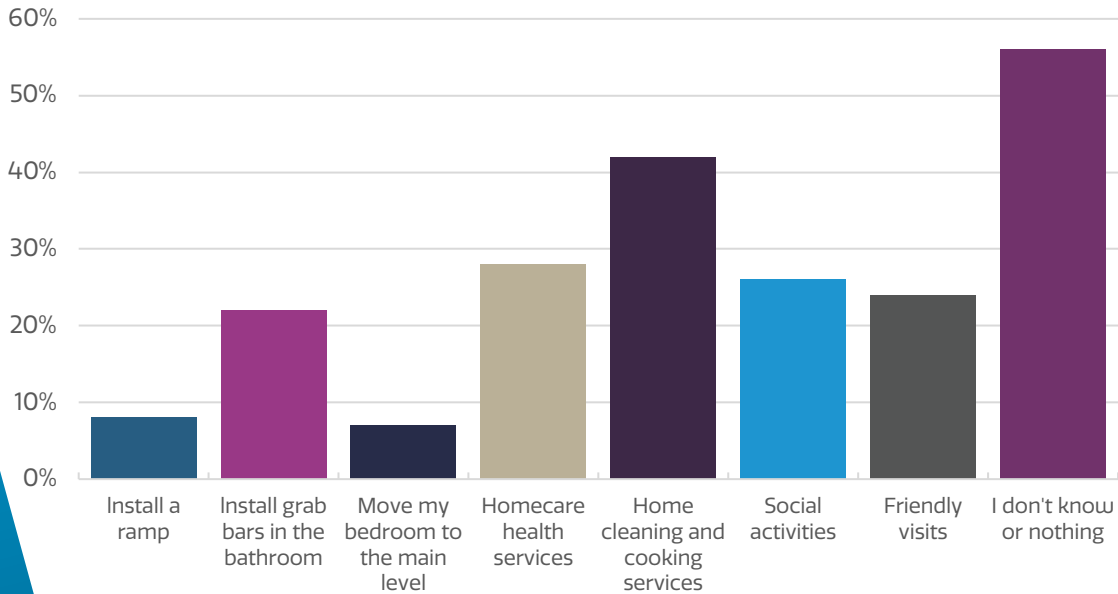
Health

8%

Access to local health services, such as a clinic, Indigenous healers, nutrition on a budget, mental health services.

The vast majority of survey respondents said they planned on staying in their home in the foreseeable future.

What would you need to be able to stay in your home as long as possible?



Conclusion

Seniors need and want ways to remain safe, healthy, socially engaged, physically active, and connected to their communities. They worry about losing independence, declining mental capacity, reduced mobility, loneliness, health and more. In order to foster healthy, active aging and provide appropriate support, they need accessible health care, ways to remain socially connected, affordable support services, and a plan for the future, especially regarding different housing options. Having these available in a language they understand is a critical part of meeting the needs of the community as its members age.

Recommendations

Seven key recommendations emerged from this work.

1 *That information about all programs, services and activities for older people be regularly communicated in English*

- a. A resource person, knowledgeable in all programs and activities for older people, should be available to answer requests from seniors, in English, by phone.
- b. This service is available, to a certain extent, by dialing 211, but very few people are aware of it. All organizations and municipalities supporting seniors should regularly communicate and share this number.
- c. Information should be accessible to all older people including those with hearing or visual losses and different levels of literacy.
- d. Information on aging and what to expect should also be made available in English.
- e. All health-related documentation must be made available in English, whether or not an institution is designated as bilingual.

2 *That organizations serving older people partner with high schools or adult learning centers to create and deploy a team of young people to support older people in their homes*

- a. Organizations may be able to commission a project to create and vet a list of local people willing to offer these types of services at affordable costs.
- b. Private companies may also be involved in finding innovative solutions. A partnership with local hardware stores may be imagined to offer a gamut of "senior-friendly" services at minimal costs, thus ensuring older people can remain in their homes longer, while finding low-cost solutions to fix or adapt their homes.
- c. Public funding for these types of services should be made available to individuals so they may choose the services they need to remain in their homes.



3 *That communities, municipalities or RCMs create “Senior Housing Think Tanks” to reflect on housing solutions with older people. Some ideas include:*

- a. Converting part of resorts to residences for seniors. This provides a guaranteed income for the resort while allowing seniors to remain in their community.
- b. Groups of older people creating coops in their community.
- c. Alternative housing like the “Alzheimer’s Farm” is making it possible for seniors with different abilities to live in a safe, family-like environment.
- d. Old motels can be converted into multiple units for seniors with common spaces built in the center.
- e. Rural municipalities have farmhouses and barns that can be converted into multiple residences for seniors.
- f. Emulate multigenerational living situations like those in some European countries allowing students living on a low income to find roommates who are older to share living accommodations and provide mutual support.

4 *That services in general, and homecare services specifically, be made available locally and in English thus enabling older people to safely remain home until the end of their lives*

- a. Services, including personal care (bathing), nursing, professional services and medical services, should be publicly funded. Minimally, they can be offered on a sliding scale so as not to penalize those who cannot afford services, while allowing those who can afford it pay.
- b. Additionally, offering seniors a space to gather, organize activities and socialize in their area will benefit those remaining at home. These types of wellness centres may be able to offer services to groups of seniors. Transportation to and from these places will be needed as people age and lose their ability to drive themselves.

5 *That concrete measures be put in place to check-in on seniors who are alone*

- a. Create a list of English-speaking seniors in collaboration with organizations serving seniors, elected officials and the regional health authority. Regular calls or visits can then be arranged to ensure their needs are being met.
- b. Expand the program offered by Les Petits Frères or create an “adopt-a-grandma” program for the English-speaking community

6 *That all services be culturally safe and respectful thus allowing older people to maintain their dignity*

- a. The regional health authorities must continue to ensure all services they offer, and all service providers, are aware of their own biases and have the tools to create culturally safe spaces for all people they serve.

7 *That programs currently available for English-speaking older people continue to be funded, expanded and adapted to meet the needs of the aging population*

- a. Ongoing funding must be made available to expand services in English into all areas of the Laurentians.
- b. These must be accessible to all by ensuring internet access, for ongoing online activities, or transportation to and from in-person activities.

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