

Vieillir et vivre ensemble (VVE), chez soi, dans sa communauté, au Québec– Action Plan 2024-2027

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Introduction

The Community Health and Social Services Network (CHSSN) appreciates the opportunity to review the document provided for this consultation by the Secrétariat aux aînés du ministère de la Santé et des Services sociaux (MSSS).

The Ministers consultation document is thorough and addresses the concerns of anglophone seniors twice:

Une étude a cependant démontré que les personnes âgées anglophones se percevaient davantage en mauvaise santé, qu’elles étaient plus à risque de malnutrition et que l’accès à des services sociaux et de santé dans leur langue était plus limité, risquant alors de compromettre leur santé (Éthier et Carrier, 2022).

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Les personnes d’expression anglaise représentent 7,6 % de l’ensemble des personnes âgées et 9,9 % de la population du Québec (Statistique Canada, 2022b). La communauté anglophone compte plusieurs membres à Montréal, mais ils se trouvent également regroupés dans certains territoires, comme dans les Cantons-de-l’Est (Eastern Townships). La barrière linguistique peut donc limiter leur accès aux services de santé, malgré les dispositions de la Loi sur les services de santé et les services sociaux, ou encore leur participation sociale dans la communauté (ex. : bénévolat ou activité de loisir dans un organisme majoritairement francophone).

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Indeed, these observations are already well established by the literature. The objective of this brief is to highlight key additional priorities of English-speaking seniors in Quebec that are not addressed in the consultation document. Considering that many of these issues are shared among the senior population, the recommendations made in this brief are designed to benefit all seniors in Quebec.

Who We Are

The Community Health and Social Services Network (CHSSN) was founded in 2000 by a group of community leaders who recognized the importance of mobilizing English-speaking communities to ensure better access to English-language health and social services. Since its inception, the CHSSN has built the capacity of organizations across the province to become experts on the needs and realities of English-speaking communities and give them the tools to become active participants in the improvement of access to services in English. Today the CHSSN is a network of over 70 community resources, associations, foundations and other stakeholders dedicated to the development, through partnership, of health and social services for English-speaking communities in Quebec. Bringing community and public partners together through a series of programs and partnerships is how we drive health equity forward. It allows us to strengthen networks at the local, regional and provincial level to address health determinants, influence public policy, and develop essential services.

CHSSN’s Seniors’ Strategy

Senior Wellness Centres SWC (see SWC map)

The CHSSN's Senior Wellness Centres (SWC) initiative supports 30 English-speaking organizations across the province of Quebec to build their capacity to offer health education and health promotion programming to isolated English-speaking seniors. Goals of this initiative include reducing social isolation, improving access to information about health and social services in English, and increasing autonomy and well-being at more than 75 sites across the province. SWCs are an innovative response by community organizations to address a gap in services for seniors. While each SWC is unique, provincial coordination ensures consistent levels of safety and quality across all activities. Formal and informal collaborations with health and social service professionals at regional and provincial levels support this flexible, adaptable, inclusive and multifaced approach to improving overall health and wellbeing of seniors.

This initiative is financed by the Secrétariat aux relations avec les Québécois d’expression anglaise. On March 28th 2023, the CAQ announced that there has been a commitment to increase support for the SWC’s in their provincial budget. The SWC initiative will receive double the current funding starting in 2024-2025 to \$2 million annually, for five years, in order to expand existing activities and increase the number of sites.

Issues and Priorities of English-speaking Seniors in Quebec

The following data shows that there are a significant number of English-speaking seniors in Quebec (65+) and that some regions have a very high proportion of seniors compared to other age groups. This reinforces the need for adequate and quality health and social services adapted to the unique cultural and linguistic needs of the English-speaking senior population as described below.

For example, in Gaspésie, 9.3% of the population is made up of English-speakers with 30.5% being seniors, resulting in greater needs in a community with less services.

Based on the experience and successes of Quebec’s English-language organizations and networks, alongside their public partners to improve the lives of English-speaking seniors in their communities, CHSSN created a community model. This 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.

Language Barriers in Accessing Services

- English-speaking seniors are more likely to have come from outside the province than their majority neighbors of the same age and are less likely to be proficient in French compared to English-speakers of a younger generation.
- Language barriers contribute to: poorer patient assessment, misdiagnosis and/or delayed treatment, incomplete understanding of patient condition and prescribed treatment, increased risk of medication errors, complications and adverse events, impaired confidence in services received, reliance on Google Translate and ad hoc, untrained interpreters.

Social Isolation

- English-speaking seniors are less likely to feel they have someone to rely on in an emergency or turn to for advice and are least likely to report having close relationships than French-speaking seniors.
- They feel a strong sense of belonging to their local English-language community organizations. Their high levels of volunteering and engagement underscore a valuable contribution to the vitality of their communities.

Diverse Regional Realities -one size does not fit all

- English-speaking seniors are large in numbers (185,185) – greater than the population of the province of PEI – and are widely dispersed across the province. For example, in Montreal, many English-speaking seniors live very close to each other, whereas in other regions, very few English-speaking seniors are distributed across a large area, making service provision and outreach challenging.

Lack of Outreach to English-speaking Seniors

- It is our understanding that less than 5 ITMAV projects out of 122 are targeting English-speaking seniors. While some SWCs are doing some basic outreach activities, they are not currently funded to do so, hindering their ability to successfully reach the most vulnerable seniors.

Recommendations

We congratulate the Secrétariat aux aînés du Ministère de la Santé et des Services sociaux (MSSS) for undertaking this public consultation and for recognizing that English-speaking seniors have unique needs and challenges and priorities. The five priority interventions for improving quality of life of seniors and allowing them to age in place are essential and the focus on active aging and social participation as well as the three orientations of VVE are well thought out and meaningful.

The following recommendations will enhance the understanding of diversity and unique needs, and will benefit all seniors in Quebec.

- 1. Collect Comparative Data Based on Language:** Develop a more thorough understanding of all of the unique needs and priorities of English-speaking seniors in Quebec and to ensure the diverse regional realities are being taken into consideration when services are being created. This can be done by ensuring that needs assessments and research projects collect and present information and solutions based on language and other demographic information.
- 2. Create a Liaison Position Specifically for the English-Speaking Community:** Create a minimum of two provincial liaison positions responsible for the coordination and implementation of the action plan; with one focused on English-speaking seniors, and the other on ethnocultural needs (refer to the Caregiver and Elder Abuse Action Plans as examples).
- 3. Increase Outreach to Vulnerable English-Speaking Seniors:** Offer training to ITMAV projects in collaboration with CHSSN on how to best reach English-speaking seniors. Recommend ITMAV funding to include English and ethnocultural seniors in their projects. Consider an ITMAV project with CHSSN as fiduciary to support the network of English-speaking organizations.
- 4. Ensure Representation Includes the Needs of English-Speaking Seniors:**Ensure that CHSSN is informed and invited to participate on targeted committees and advisory structures to facilitate integration of the needs of English-speaking seniors.
- 5. Expand Community-Based Supports for Dementia and End-of Life Care:** Consider including the following essential *community-based* issues in the action plan: age-friendly cities, dementia care and dementia-friendly initiatives, palliative care, and living arrangements.
- 6. Incorporate Intersectionality of Aging in Ageism:** Discussions about ageism should include the idea that people may experience disadvantages in unique ways based on the intersection of age with other aspects of their identity. Certain groups of older people face particular barriers arising from the intersection of age with gender, disability, sexual orientation, race, ethnicity, religion, culture and language.

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