SENIORS' NEEDS ASSESSMENT

A report on the health and needs of English-speakers over the age of 50 in the Laurentians

Aging is not a problem to be solved rather a mystery to be lived (Kierkegaard, 2013).

Abstract

The Laurentians covers an area of 20,459 square kilometers with a population of 631 729. 19% of the 37,555 English-speakers in the Laurentians are over 65 years of age. 4Korners sought to understand this English group's unique needs through focus groups and surveys. The age-friendly communities framework helped organize the data from the seniors' answers and provide recommendations for future action.

4Korners Laurentians Community Network

4korners

Gratitude

The research team would like to acknowledge the contributions of those without whom this project would not have been possible.

First, Ms. Deedy Shipton who inspired the Seniors' Needs Assessment and has been thinking about questions to ask seniors since 2018. She brought her concerns to Ms. Stephanie Helmer, Executive Director at 4Korners, who found the means to make it happen.

Second, 4Korners who funded the project and provided a team of experts on all things seniors related to support the process, including those on the Seniors' Needs Assessment Committee (SNAC): Ms. Melanie Wilson, Ms. Chloée Alary, Ms. Josephine Piazza, Ms. Lisa Agombar and Ms. Élisabeth Arbaud. One member is not on the SNAC, but her contribution facilitated logistical aspects of the project, Ms. Luz Garcia.

Third, the entire Seniors' Needs Assessment Committee, including the three volunteers, Ms. Deedy Shipton, Ms. Lois Finch and Mr. Grant McKenzie, the Elders' Community Worker from the Kanesatake Health Center, Ms. Jocelyn Bonspille, the 4Korners' team and Ms. Diane Gabriel who provided support from the First Nations Adult Education School Council.

Finally, the data validation team, including Ms. Élisabeth Arbaud, Ms. Iehente Gabriel and Ms. Lois Finch. Ms. Finch's expertise in research was especially appreciated as she read each draft of this report and provided input throughout the process. She also voluntarily offered to analyse and present all the data from J8H.

With gratitude,

Rola Helou
S.O.A.R. Solutions
On behalf of the First Nations Adult Education School Council

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4K	4Korners
CHSLD	Centre d'hébergement et de soins de longue durée (long-term care résidence)
CHSSN	Community Health and Social Services Network
CISSS	Centre intégré de santé et de services sociaux des Laurentides
ESS	English-Speaking Seniors (over 65 years of age)
FADOQ	Fédération de l'âge d'Or du Québec
FOLS	First Official Language Spoken
LICO	Low-income cut-off
MADA	Municipalité amie des aînés (age-friendly municipality)
MRC	Municipalité régionale de comté
OCOL	Office of the Commissioner of Official Languages
OLMC	Official Language Minority Communities
QCGN	Quebec Community Groups Network
RCM	Regional County Municipality (MRC in French)
SNAC	Seniors' Needs Assessment Committee
WHO	World Health Organization

A note about the use of the word "seniors". The word is used as a demographic term to signify the group of people who are over 65 years of age. The WHO uses the term "older people". The individuals who participated in the seniors' needs assessment referenced in this report are over 50 years of age.

The term "seniors", when used in the data analysis, refers only to people over the age of 65. People over the age of 50 are referred to as "respondents", people, older people or participants. These terms are used interchangeably with "seniors" when referring to people over 65.

Executive Summary

Quebec has one of the world's most aging populations. It is ranked 10th according to the WHO's extranet (WHO, 2020). In Quebec, seniors over the age of 65 represented 16.1% of the population in 2016 (CHSSN, 2019). The number of people over 65 who spoke English as their first official language (FOLS) represented already more than 19% of the 37,555 English-speakers (CHSSN, 2019). The 4Korners Laurentian Community Network, highly aware that the needs of the English-speaking community in the Laurentians are increasing, commissioned this seniors' needs assessment to learn more about seniors' needs now and as they age in the Laurentians.

The project objective is to determine the needs of the aging English-speaking population in the Laurentians by providing a portrait of the situation and then learning about their evolving needs. A committee supported the development and deployment of a questionnaire.

In the Laurentians, there were 117,100 people over 65 in 2019. More than three quarters of them indicated their health was good, while 81% suffered from a chronic illness (Agence, 2013). 28% lived alone, 6% below the poverty line and 31% did not have a diploma (CISSS, 2019). Having a strong social support system and sense of belonging are important protective factors for good heath (WHO, 2004).

Information about English-speaking seniors in Quebec is "dispersed and fragmentary" (OCOL, 2013, p.1). In 2013, there were 5,685 English-speaking seniors living in the Laurentians. It is the 5th largest population of English-speaking seniors in Quebec (QCGN, 2014). 73.1% of them reported that receiving services in English was very important to them. In Ste-Agathe-des-Monts, 25% of 103 people surveyed were concerned about the lack of English services (Camus, 2007). 58% of people survey by the CISSS (unpublished) reported sometimes receiving services in English, while 89% reported wishing to have a reference guide indicating which facilities offer services in English.

Quebec was an early adopter of the age-friendly communities initiative with 64 out of the 86 municipalities in the Laurentians having either completed or are

completing their process (Gouvernement du Québec, 2021). Whether English-speaking seniors were involved in the development of their local age-friendly policies or not, they are highly involved in their communities. 61.4% of seniors who responded to the QCGN (2014) survey volunteer and in the Laurentians, 74.3% of seniors over 55 years of age volunteer.

A list of services available in English in the Laurentians was created and is now available online. The SNAC organized five focus groups and distributed a questionnaire with 65 questions to learn about which services English-speaking seniors are using and what needs are unmet. 334 activities were identified in the Laurentians. 106 of them are available in English. 18 people participated in focus group discussions.

During focus group discussions, seniors expressed the desire to stay in their homes as long as possible and wish to have the services that will permit them to do so. Seniors also expressed appreciation for their communities that are supportive and helpful. Seniors are concerned with wait times for medical services and will go to Hawkesbury or Montreal for services. Language is a barrier for accessing services, health and otherwise. Some seniors are accessing information online, while others are concerned that the people the information is designed to reach are not online. Seniors participate in activities and have been participating in online activities during the pandemic. Some felt more isolated, and recommendations were made to increase calls and visits to those who are isolated.

Seniors expressed fears about being obligated to leave their home for residential care, especially given the effects of COVID on seniors' residences. This leads to concerns about their health deteriorating. They are concerned about not being able to access health care in a timely manner as they age. They would like to see more services in English, in their homes or locally, including end-of-life services. They also suggested having a network to support seniors who are isolated. People value art, nature and family and remaining close to their gardens and grandchildren is important. The answers provided by seniors can be categorized into the eight age-friendly topics.

358 people answered the online survey, with 336 retained for data analysis purposes. The response rate is estimated at 6% of the population over 65 years of age. The data collected were organized into seven categories: demographics, language, health situation, accessing information, participation, active aging and needs. Responses from five areas in the Laurentians were highlighted. Most people who responded are married women aged between 64 and 74 years of age. 18% of seniors live below the poverty line. 92% of the respondents have a high school diploma highlighting the bias in the sample. Most of the respondents live in the RCM of Argenteuil. 33% of respondents live alone. 333 respondents said English is the official language they speak best. 29% are completely bilingual while 27% are not; the others get by.

Older people who answered the survey get their information online; 89% have internet and use it daily. 38% of people heard about the survey from 4Korners. People between 50 and 64 use Facebook to find out about activities while older people hear from their friends or get it from TV. Almost half the respondents get their health information from their family doctor.

15% of older people participate in social activities and half of them are available in English. 33% of those who responded would like to have their activities in English. 11% participate in physical activities and 39% of them are offered in English. 49% of respondents would like to have learning type activities available in English, while 51% would like to see health related activities available in English. While 20% of respondents do not necessarily use these services now, they would like to have them in English when they use them in the future.

People tend to go to Hawkesbury or Montreal for services in English, though, in general, doctors are able to serve people in English. An average of 80% of respondents confirmed doctors served them in English in the Laurentians. The most used service in the last year was calling for an appointment and this was available in English 64% of the time. Obtaining papers in English in the Laurentians seems to be difficult. People tend not to ask for service in English and use their “I get by” French to communicate. 15% of 113 respondents reported negative experiences while trying to access health care services in English.

83% of respondents claimed their physical health was good, very good or excellent. The most positive respondents live in J8H, with 94% of them making this claim. 91% and 90% stated they were in good, very good or excellent mental health and spiritual health respectively. While 59% have been diagnosed with a health issue, 57% of them only have one, while the others have at least two. The most common diagnosis is hypertension.

47% of respondents belong to a social club. Most of the clubs, 31%, are sports or exercise related. Those between 65 and 74 years of age have the highest membership levels at 56%. 46% of respondents have family close by and they see them regularly. 68% of people in J7R belong to a social club whereas only 5% of those in J0N do. 68% are not members of any type of organized congregation, with those over 85 being the group with the highest percentage of people who are members of an organized congregation, 65%. COVID impacted social activities slightly with several indicating their activities are now online. On average, 84% of people over 50 continue to drive themselves to appointments and activities. 116 respondents are physically active at least eight hours per week while over 60% of respondents never engage in sexual relations.

Age-friendly related questions asked seniors to report on the physical spaces in their area. Almost 70% of respondents have a community centre in their area and 80% of these spaces are wheelchair accessible. There are differences between urban and rural areas where very little infrastructure is available in the latter. 92% of respondents confirm active aging is important and provided a gamut of answers to explain what it means to them. 82% of people did not know if their municipality had participated in an age-friendly process. 60% of the 4.5% who did know participated in their municipality's process. The result was more safe walking paths for seniors, wellness checks, food delivery and other activities.

Respondents proposed many actions to meet their needs. The most mentioned categories are local accessible physical activities, having services in English and information about these services in English as well. Respondents would like more activities and someone to help organize them and inform seniors about them. They want designated spaces for seniors. They want to stay in their home, want

English information communicated to them about services and want those services to be offered locally. After funding, respondents indicated their municipality needs improved communication to implement age-friendly actions.

In the future, respondents anticipate remaining in their homes. More than 50% do not know what they may need to remain in their homes, while over 60% indicated needing homecare services, home cleaning services or other home maintenance related services. If obligated to move out of their home, 33% of respondents would prefer to move into a private seniors' residence in their area. Staying in their area was mentioned 26% of the time, while 15% reiterated the desire to bring in services permitting them to remain at home. 6% of responses mentioned the need for English services.

More than 50% of respondents are concerned about losing abilities as they age. To ease their worries, 14% mentioned having accessible services that are local, in English, compassionate and caring. Caring, compassion and love emerged 25% of the time when asked what they would like to see more of as they age. 20% would like to see better housing options and 9% would like services in English.

Seven recommendations are proposed to facilitate aging the in Laurentians:

1. That information about all programs, services and activities for older people be regularly communicated in English.
2. That organizations serving older people partner with high schools or adult learning centres to create and deploy a team of young people to support older people in their homes.
3. That communities, municipalities or RCMs create "Senior Housing Think Tanks" to reflect on housing solutions with older people.
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.
5. That concrete measures be put in place to check-in on seniors who are alone.
6. That all services be culturally safe and respectful thus allowing older people to maintain their dignity.
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.

1 Introduction

As the overall population in Canada and in Quebec ages, so does the population in the Laurentians. In fact, Quebec has one of the world's most aging populations. It is ranked 10th according to the WHO's extranet (WHO, 2020). By 2035, it is estimated that the population of people over the age of 65 will represent almost 27% of the population in the Laurentians (CISSS, 2015). The number of seniors will have doubled between 2015 and 2035, with the number of seniors over the age of 85 increasing by close to 200%, partly due to an increase in life expectancy (idem). This trend is opposite to the reality in Kanesatake and other First Nations communities throughout Canada where people over the age of 65 represent approximately six percent of the population (Statcan, 2013). An increase in the aging population brings with it an increase in the need for health-related services. According to the CISSS (2015), 77 is the average age for people to start living with certain limitations, which may require multiple services and follow up.

In Quebec, seniors over the age of 65 represented 15.6% of the population in 2011 (OCOL, 2013). It is estimated that by 2031, they will represent over one quarter of the population (Statcan, 2011). In 2016, in the Laurentians, one of the 18 administrative regions in Quebec, the portrait was different. The number of people over 65 who spoke English as their first official language (FOLS) represented already more than 19% of the 37,555 English-speakers (CHSSN, 2019). The Laurentians includes 86 municipalities organized in eight regional county municipalities (RCM) and two Indigenous territories. 4Korners has offices in four RCMs.

4Korners is a registered Canadian charitable organization founded in 2005 that connects individuals of the Laurentians with programs and services to meet their identified needs in a secure and inclusive environment.

The 4Korners Laurentian Community Network, highly aware that the needs of the English-speaking community in the Laurentians are increasing, commissioned this seniors' needs assessment to answer the following questions: who are the English-speaking seniors in the Laurentians? Are they physically and socially active? Do

they access services and activities in English or in French? What are their needs now and what do they anticipate them to be as they age in the Laurentians?

The report presents a summary of the data gathered to determine the ongoing and future needs of seniors living in the Laurentians. First the project is described followed by a brief literature review describing research pertaining to age-friendly communities and English-speaking seniors in Quebec. Second, the methodology employed to gather information from seniors is presented followed by the presentation of results and themes emerging from the data. The report concludes with recommendations for future action.

2 Project Description

2.1 Project Objective

The project objective is to determine the needs of the aging English-speaking population in the Laurentians. Specifically, to provide a portrait of the current situation as well as the evolving needs of seniors in the area. 4Korners offers programs in different municipalities, and it sought to determine if English-speaking seniors' needs are currently being met.

2.2 Project Team

In 2020, 4Korners launched a call for proposals seeking a firm or a consultant to complete a seniors' needs assessment on their behalf. The First Nations Adult Education School Council was selected to conduct the assessment due to their partnership with S.O.A.R. Solutions, a consulting firm, and S.O.A.R.'s expertise in the health sector, in completing needs assessments as well as their understanding of minority communities in Quebec.

In consultation with 4Korners' management, a committee was created to support the project, the Seniors' Needs Assessment Committee (SNAC, also referred to as the "Committee").

On November 24, 2020, the SNAC met for the first time to review the project, its timeline and to reflect on the best way to reach seniors throughout the Laurentians. The Committee, composed of four (4) 4Korners employees, three (3) volunteers, the Elders' Community Worker from the Kanesatake Health Center and two (2) project consultants from the First Nations Adult Education School Council, met regularly over the course of the project, between November 2020 and June 2021. Each of their roles and responsibilities were identified and the project was underway.

2.3 Seniors

Initially, the objective was to collect data and information about English-speaking seniors only. Following discussions with the SNAC, it became evident that translating the survey into French would be more inclusive, thus improving the distribution of the survey and enabling all seniors to provide input. As such,

4Korners established a partnership with FADOQ[1] - Région des Laurentides. This led to questions around who would be considered a "senior" for the purposes of the assessment. FADOQ considers anyone over 50 years of age to be a senior. Most data referenced in this report refers to individuals over 65 years of age as seniors. The survey targeted anyone over the age of 50. Throughout the report, "seniors" refers to individuals over the age of 65, unless otherwise specified.

2.4 The Questions

The committee reflected on the type of information to gather throughout the data collection phase. The main research question, which led to the seniors' needs assessment was "What are the needs of English-speaking seniors in the Laurentians?" The committee sought to understand seniors' current health situation, their utilization of services and whether they accessed these in English or French. In addition, questions around age-friendly communities emerged. Did English-speaking seniors know about the age-friendly initiative[2]? Did they participate in its implementation and know of the programs which emerged from it? Did they know about the spaces available to them? Did they use them? Are they accessible and did they participate in activities offered there? These questions and others are examined through this seniors' needs assessment report. The specific methods used to gather answers to these questions are described in the methodology section, which follows the literature review, intended to provide information about seniors in Quebec and the age-friendly initiative.

[1] Quebec Federation of Golden-Age Clubs
[2] In Quebec, the age-friendly initiative is implemented as MADA: municipalités amies des aînés.

3 Literature Review

The literature review will begin with an overview of the demographic information available regarding seniors in the Laurentians. This will be followed by information specific to English-speaking seniors. A brief examination of English services in the Laurentians follows and this section will end with an exploration of the needs of seniors in general through a presentation of the most pertinent research on age-friendly communities in Quebec. It will set the stage for the methodology chosen for the seniors' needs assessment, as described in the following section.

3.1 Seniors in the Laurentians

The number of seniors in the Laurentians is growing. In 2016, there were 86,950 seniors over the age of 65 (CHSSN, 2019). In 2019, there were 117,100 seniors (CISSS, 2019). Seniors, who were 65 years and older in 2019 represented 17% of the overall population in the Laurentians (CISSS, 2019a). Figure 1 below provides an overview of the demographic information regarding seniors in the Laurentians.

Figure 1: Who are the seniors in the Laurentians? (CISSS, 2019)

In 2013, when asked about their health, more than three quarters of seniors indicated their health was good, very good or excellent. The percentage increased to 98% when asked about their mental health (Agence, 2013). 81% of these same seniors suffer from a chronic illness, with 48% suffering from hypertension, 28% arthritis, back pain for 22% of them, 19% with diabetes and cardiac issues at 17%. Half (51%) of people over the age of 65 in the region suffer from two or more chronic illnesses (idem).

A sense of belonging and a strong social support system are important protective factors for good health (WHO, 2004). The regional health agency estimated that 21% of seniors had a poor or moderate social support system (Agence, 2013). Social isolation of seniors is a concern in Canada, in general. According to a 2012 report by Statistics Canada, 24% of seniors expressed they would have liked to participate in more social activities in the previous year (Government of Canada, 2016). In addition, shared living arrangements are associated with good health as are higher levels of education. In Québec, the proportion of seniors with a university degree increased by eight percentage points between 2003 and 2014 (INSPQ, 2021).

In 2019, of the 117,100 seniors over 65 living in the Laurentians, 30,165 lived alone, 33,397 had no high school diploma while 21,546 lived below the poverty line, or the LICO[3]. Table 1 provides a breakdown of these seniors by RCM.

Table 1: Number of Seniors in the Laurentians by RCM by Risk Factor[4]

RCM or Community	# of seniors	Living alone		No diploma		LICO	
		#	%	#	%	#	%
Antoine Labelle	**8,925**	2,295	**28.2**	3,310	**40.8**	2,160	**26.5**
Laurentides	**11,700**	3,095	**30**	2,785	**27**	2,000	**19.3**
Pays-d'en-Haut	**12,300**	3,040	**28.1**	2,260	**20**	1,530	**14.2**
Argenteuil	**7,800**	2,005	**29.5**	2,665	**39.2**	1,455	**21.4**
Rivière-du-Nord	**24,100**	5,715	**29.5**	6,665	**34.4**	3,715	**19.2**
Mirabel	**5,400**	1,135	**23.7**	1,820	**38**	730	**15.3**
Deux-Montagnes	**16,700**	3,935	**27.5**	4,700	**32.9**	2,200	**15.5**

[3] In 2020, the low-income cut-off (LICO) for a person living alone was $25,920 per year.
[4] Compiled from multiple sources, including CISSS (2019a), Areavibes (2021), Government of Canada (2008), FNQLHSSC (2003 & 2008).

RCM or Community	# of seniors	Living alone		No diploma		LICO	
		#	%	#	%	#	%
Thérèse-de-Blainville	**24,800**	4,880	**24.5**	5,395	**27.1**	2,425	**12.2**
Kanesatake	**111**	-	**-**	76	**68.6**	78	**70.3**

The demographic information pertaining specifically to English-speaking seniors is presented in the next sub-section of the literature review.

3.2 English-Speaking Seniors in Quebec

Information pertaining to English-speaking seniors in Quebec is "dispersed and fragmentary" (OCOL, 2013, p. 1). There is little information about the health of English-speaking seniors living in Quebec; there is information regarding seniors, as presented above, and information regarding FOLS communities, but not both. The absence of culturally appropriate health services in the minority language, whether English in Quebec or French in the rest of Canada, have been identified and are of concern. The void in services for seniors in a minority situation places them at a greater risk for social isolation (idem). This subsection will provide an overview of the available demographic information about the English-speaking minority community in Quebec.

According to the OCOL (2013) report, in 2006, as highlighted in figure 2, there were 5,685 English-speaking seniors living in the Laurentians. In general, this group tends to be married and educated. In Quebec, 64% of English-speaking seniors have a high school diploma. 47% of seniors in Quebec consider themselves to be bilingual. 53% of them depend on the support of younger family members to accompany them when accessing services and serve as interpreters. This trend is supported by the fact that 48% of English-speaking seniors were able to obtain health and social services information in English.

This same report identified rural areas as providing inadequate access to services for seniors who are not bilingual (OCOL, 2013). These seniors tend to rely on their family but find themselves without support when their children leave the province to find employment. The small rural communities, which are composed mostly of seniors, are not necessarily able to provide a full range of services in English. This

makes communicating their health needs challenging and contributes to their isolation (idem), though some reports argue living in a rural area provides a greater sense of community and mutual support among neighbours (Special Senate Committee, cited in OCOL, 2013).

In a 2019 analysis of 2016 data, the Community Health and Social Services Network (CHSSN, 2019), 30.9% of seniors living in the Laurentians were earning less than $20,000 per year. 18.1% reported having a high level of educational achievement. 27.4% of seniors lived alone.

In a 2014 report by the Quebec Community Groups Network (QCGN, 2014) conducted participatory action research among English-speaking Quebecers who were 55 years of age and older. The QCGN highlighted that the Laurentians has 11,529 English-speakers in this age group making it the region with the 5th largest population of English-speaking seniors after Montreal, Montérégie, Outaouais and Laval. A total of 835 responded to the QCGN survey in 2013. The study found:

- 32% of respondents planned on moving to:
    - Access services in English
    - Downsize
    - Obtain more support
    - Be closer to family
- 62.6% continue to drive their own cars
- 45.2% use social media daily to connect with family and 80% of those living outside of Montreal had family living close by
- 69% of those living outside of Montreal participated in a social club
- 27.7% need help communicating with public service providers
- 73.1% stated it was very important to them to receive services in English.

3.3 English Services in the Laurentians

In 2007, an in-depth survey asked seniors living in one of the municipalities in the Laurentians about their level of satisfaction with the services offered in English at the local health facilities (Camus, 2007). 103 people living in Sainte-Agathe-des-Monts, part of the Laurentides RCM, responded to the questionnaire. Though the survey was not only distributed to seniors, the average age of respondents was

In 2006, according to the report entitled "Enjoying your senior years in your own language, culture and community" completed by the Office of the Commissioner of Official Languages in 2013:

64% of English-speaking Quebecers have a high school diploma

47% are bilingual

53% Need support from a younger family member to interpret services

3.1% Provide unpaid care to a senior

56% are married

5,685

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60. 30% of respondents had their secondary residence in Sainte-Agathe-des-Monts. The results provide insights into English-language services in that area. The main findings are summarized in table 2 below.

Table 2: 2007 Survey Results Regarding English Services at Health Center in Sainte-Agathe

SUMMARY OF FINDINGS FROM 103 RESPONDENTS	
25%	Concerned about the lack of English services and tend to use their limited French to communicate
88%	Indicated doctors provide very satisfactory English services
56%	Rated their level of satisfaction with services in English between 8 and 10 out of 10
23%	Rated English services offered by receptionists between 1 and 3 out of 10
50%	Documentation in English rated 3 or less out of 10 (mainly because it wasn't available)
	Though their health is not at risk for the lack of English services, there is room for improvement
	A few respondents would like to see bilingual signs in health centers
	Most respondents appreciate the services, but would like staff to be bilingual

Similarly, in 2019 the CISSS[5] sent out a survey aimed at understanding the English-speaking population's needs regarding services in English. No demographic information was collected, and seniors were not specifically targeted. Nonetheless, 891 individuals responded to the survey in English; 91% indicated English was their "native language" (as was formulated in the questionnaire[6]). 170 responded to the survey in French and 59% identified English as their "mother tongue" (*langue maternelle*). People from 5 out of the 8 RCMs responded. The findings highlight the following:

[5] Unpublished; preliminary results accessed through 4Korners.
[6] Much like the definition of "senior" the notion of FOLS is often replaced with other terms thereby impacting the data slightly.

- 14% of respondents indicated they never receive health services in English, while 58% sometimes did. One respondent referred to the need to accompany parents who are unable to understand when service is offered in French.
- English-speakers seem to access services outside of their area and the region.
- Comments indicate the variability of English services and their dependence on individuals able to speak in English.
- 65% of respondents said they did not receive services in English after greeting a receptionist in English.
- 32% of respondents confirmed their consultation with a health care professional was in English.
- 26% said sometimes their follow-up appointments were in English
- 89% would like to have a reference guide indicating which facilities offer services in English.

Additional comments received from respondents provided suggestions on how the CISSS could improve its service offering in English. These included cultural sensitivity training on the importance of addressing people in their own language, more documentation in English and more bilingual front line workers.

According to the responses from 57 seniors to a 2019 survey (CHSSN, 2020), 72% felt comfortable asking for health services in English. 30% of these same respondents knew about organizations that promote services in English. 14% of respondents received public health information in English. On average, 69% of them felt it was important to be served in English when accessing health services (ranging from doctor's visits to calling info-santé 811). 51% of seniors who participated in the 2019 survey were satisfied with the availability of health and social services in English.

The next section will explore the needs as they relate to seniors across Quebec and the age-friendly initiative.

3.4 Seniors' Needs and Age-Friendliness

The Canadian government invests funds in health promotion projects intended to increase health promotion activities and information to OLMC (Official Language Minority Communities). This includes leadership for the Age-Friendly Communities Initiative by the Public Health Agency of Canada at the federal level. In Quebec, the age-friendly initiative is called age-friendly municipalities (*Municipalités amies des aîné.es*) and entails municipalities working on their own age friendly policies, in consultation with seniors. The initiatives were funded by the provincial government's *Secrétariat aux aînés* (Seniors' Secretariat), which is part of Quebec's Health Ministry (*Ministère de la Santé et des Services sociaux*). As such, seniors' needs emerge as part of this process. This section explores the work pertaining to age-friendly municipalities done to date, both in Quebec and in the Laurentians. First, a brief description of the age-friendly initiative.

3.4.1 The Age-Friendly Initiative

> *"An age-friendly city encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age [and it adapts] its structures and services to be accessible to and inclusive of older people with varying needs and capacities." WHO (2007, p.1)*

According to WHO, the environment must compensate for changes associated with aging. When the WHO created a guide on age-friendliness, it implicated older people in the process and asked them:

- What are the age-friendly features of the city they live in?
- What problems do they encounter?
- What is missing from the city that would enhance their health, participation and security?

Focus groups were held, and the topics of age-friendly cities were discussed. These topics, presented in figure 3, are:

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation
5. Respect and social inclusion
6. Civic participation and employment
7. Communication and information
8. Community support and health services

Figure 3: Topics of Age-Friendly Cities (WHO, 2007, p. 9)

3.4.2 MADA in Quebec

Quebec was a relatively early adopter of the age-friendly initiative, called MADA – *Municipalités amies des aîné.es*. In 2008, seven cities participated in a pilot project. In May 2012, 327 communities in Quebec had started the process and by September of that same year, there were 850 municipalities engaged (Plouffe et al., 2013). As an example of the process, the city of Sainte-Agathe-des-Monts in the Laurentides RCM adopted a policy based on the numerous consultations that

represents the needs and expectations expressed. Implementing MADA is proposed through a six-step process (MADA, 2018):

1. The city adopts a resolution to support seniors and create a committee.
2. The committee, whose objective is to help seniors live in security, in good health while contributing to society, is composed of people from different sectors as well as seniors.
3. A social diagnosis is conducted to establish links between the aging population and the social, political, cultural and economic environments.
4. The diagnosis supports the creation of a policy and an action plan.
5. The action plan is implemented.
6. The action plan is evaluated.

64 out of 86 municipalities in the Laurentians have either completed their age-friendly policy or are currently completing the process (Gouvernement du Québec, 2021). Data on the number of English-speaking seniors who may have participated in the process is not available. Three of the senior volunteers who were part of the SNAC were involved in MADA in their respective municipalities.

English-speaking seniors, who are 55 years of age and older, are renowned volunteers and clock more hours than younger English-speakers according to the Survey on Community Vitality (2010, cited in QCGN, 2014). Whether English-speaking seniors were involved in the development of their local age-friendly policies or not, they are highly involved in their communities. 61.4% of seniors who responded to the QCGN (2014) survey volunteer and in the Laurentians, 74.3% of seniors over 55 years of age volunteer.

The age-friendly initiative brings with it an increased awareness about the importance of offering accessible services to seniors (Plouffe et al., 2013). In addition to physical spaces that are easy to access, accessibility includes services that are close to where seniors live, based on needs expressed by seniors themselves and in a language they understand. This promotes good health and harnesses seniors' potential by increasing social and civic participation (idem). This decision is often based on language as it is an important factor in the social club or organization in which they choose to participate (QCGN, 2014).

The information presented above provides the basis for the needs assessment completed in the Laurentians by 4Korners. The results from the assessment are presented after the methodology section.

4 Methodology

The seniors' needs assessment and all phases of data collection occurred during the COVID-19 pandemic. In Quebec, the sociosanitary situation restricted in person gatherings and home visits. As such, all data were collected almost exclusively virtually, and all meetings were held on the Zoom platform. This section provides detailed information about the data gathering process.

In the first phase of data collection, all information regarding programs and activities available for seniors in each RCM was complied. Each member of the SNAC sent information about programs and activities in their respective towns. The project lead compiled the information in one excel spreadsheet. The Quebec211 website was used as the main reference for organizations offering activities to seniors and each organization's website was used to determine if programs were available in English. Finally, when a municipality's website offered information about activities, these were added to the excel spreadsheet. The matrix created provided information per community. Additionally, information regarding housing options was gathered. Support from staff at the First Nations Adult Education School Council permitted the information gathering process to include details related to programs, services, and housing/residence options.

In the second phase of data collection, the SNAC supported the organization of focus groups intended to reach seniors in the different municipalities. Five focus groups were hosted virtually using the Zoom platform. Each group was asked to answer and discuss four questions. The first focus group was organized for the seniors on the SNAC. Three focus groups were organized by 4Korners team members. Seniors, who attended activities on Zoom, were asked if they would join the Zoom one hour before the start of the activity to participate in the focus group. One focus group was organized by the Kanesatake Health Center Elders' Community Worker for Elders in Kanesatake. The sessions were recorded, and scrupulous notes were taken by SNAC members.

The third phase of data collection was the online questionnaire. The survey questions were developed in collaboration with the SNAC. One volunteer on the SNAC had started reflecting on the seniors' needs assessment months before the

call for proposals was launched. As such, she provided the project team with a list of survey questions, based, to a certain extent, on the eight age-friendly topics. In addition, the survey conducted in Sainte-Agathe-des-Monts (Camus, 2007) inspired questions about services used and language in which the service was received. The questions varied between multiple choice questions and open-ended questions.

To analyse the data, descriptive statistics (percentages per response) were used to characterize the population. Qualitative data were categorized based on the content of the answers. A modified Delphi process helped to identify, clarify and confirm the common themes from the survey answers. Four individuals provided consensus on, and confirmed, the content for the categories from the qualitative data. When 3 of the 4 individuals agreed a response belonged in a specific category, it was retained to define the category. If they were unable to classify a response, or there was no agreement on the response category, the response was categorized as other.

Following each focus group, participants were asked to complete the survey and provide feedback. The feedback gathered was used to improve the survey in preparation for its translation and launch throughout the Laurentians.

The survey was opened to a small test group on January 18, 2021, following the first focus group. SurveyMonkey was used to create the survey. The first collector was used to send to those who participated in the focus groups. The final survey included 65 questions with two additional questions requesting consent to follow up with participants and allow 4Korners to keep the data collected for ten years.

The survey was translated into French on SurveyMonkey, and a collector was assigned to the French survey. A new collector was created for the English survey when the survey was launched officially on February 14, 2021. The SNAC members were provided with an email and introductory letter to send throughout their networks, to their municipalities and communities. 4Korners and FADOQ – Région des Laurentides sent the survey to their members and posted the links on their social media.

The survey links remained open until April 14, 2021. A review by the SNAC on March 15 led to a final email to all contacts in the 86 municipalities. In addition, surveys were printed and distributed to seniors living in residences in two municipalities. In an attempt to be as inclusive as possible, given the sociosanitary limitations, seniors were asked to call 4Korners if they preferred to answer the survey questions by telephone, or if they preferred to receive a paper copy.

Though the survey targeted seniors, persons between the ages of 18 and 49 were asked to click on another survey link. The new survey asked participants to read the survey questions to a senior under their care.

The results from the more than 1500 surveys received from the French survey were sent to partners at FADOQ – Région des Laurentides. The response rate for French-speaking seniors is estimated at 1.3%. Only the results from surveys completed using the English link are presented and discussed in the following section.

The steps in the methodology resemble steps 2 and 3 of the age-friendly approach used through MADA. The creation of the SNAC, the initial repertory of existing services, the elaboration of survey questions asking seniors about services available to them in their town, infrastructure, services they use and their needs. Though the seniors' needs assessment was not designed as part of a MADA process, the results section will demonstrate qualitative data analysis are unintentionally aligned with the eight topics proposed by WHO emerge clearly in the comments received from seniors who completed the survey. These are presented and discussed in the following section.

5 Results and Discussion

The three phases of data collection and the results associated with each will be presented separately.

5.1 The Matrix of Existing Services

The matrix of existing services[7] intended to gather all information related to activities designed for seniors by community or municipality. In addition, when the information was readily available, the language in which the program or activity was offered was stated.[8] An excel spreadsheet with multiple tabs allowed activities to be organized by town. Another tab was created to list services offered by the CISSS. A final tab provides a listing of all housing options available to seniors, whether public or private and the level of autonomy that can be accommodated at each. These include:

- 334 activities were identified, 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

The tables below provide a summary of the information compiled in the matrix. The entire matrix is accessible on google drive. Most activities for seniors are available in several locations, but not all. In addition, there are English services in each category, but not in food security, community kitchens, errands and seasonal work.

[7] An entire database of services offered in English, for children, families and seniors, will be available on 4Korners' website in the summer of 2021 at www.4korners.org.
[8] 4Korners investigated further by calling individual organizations to determine the extent to which their program or activity is offered in English.

5.2 Themes Emerging from Focus Groups

Eighteen people participated in focus group discussions around the needs of seniors in the Laurentians. The questions discussed with each group are provided in appendix 7.1. There were 17 women and one man, though they were not asked any demographic information. Additionally, by the hospitals mentioned, most participants lived in one of the following RCMs: Argenteuil, Deux-Montagnes or Kanesatake.

All participants were asked to complete the online survey after the focus group. These groups served as a test group for the online survey and their comments and feedback was incorporated into the final survey questionnaire, which is available in appendix 7.2.

5.2.1 Question 1

When asked about their needs, those who participated in the focus groups provided answers which ranged from: “Nothing” to “Residence options for seniors” that are local. Words and concepts emerging from this question and subsequent discussions are presented below as they were coded and grouped by theme.

Most seniors expressed a desire to stay in their homes with questions around how they would ensure basic maintenance (snow removal, mowing the lawn, house cleaning, etc) to do so. Those who said they needed nothing identified being able to access these services or had family close by to support them. There were also questions about accessing homecare services in their homes in rural areas; this presented a challenge related to limited human resources willing to go to rural areas.

Of those who stated they had no needs, four indicated there is a sense of community and mutual aid in certain towns. People support one another and “neighbours are helpful to do errands in town.”

Participants expressed concerns about wait times. Hospitals in the Laurentians were compared with others, elsewhere like to those in Hawkesbury[9] as an example. Those who mentioned having doctors or specialists in Montreal would not risk trying to get a local doctor. One person mentioned a willingness to pay for private medical care to avoid waiting. "The system should not allow people to sit and wait for 15 hours for x-rays or at all." Referrals to specialized doctors left individuals with little choice, whether they felt at ease with the doctor or not. Some mentioned excellent services and experiences while others expressed concerns regarding negative experiences, whether offered by doctors or other staff. Hypotheses were offered around language barriers, ageism, or disrespect as possible underlying factors for this treatment.

"People who come [to the Laurentians] take more than 6 years to get a GP and so I will continue to go to Montreal for services."

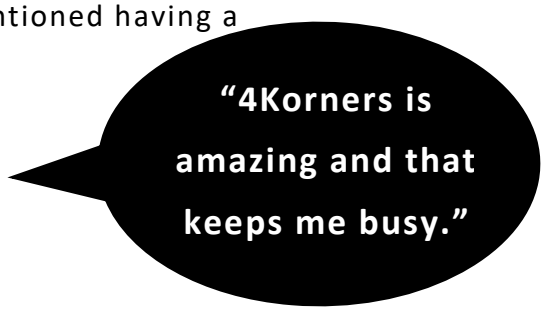
Several mentioned language as a barrier in accessing services, health related and other. "A friend went to legal aid. The lawyer only spoke French and they had to wait six months for an English service." Some expressed feelings of anxiety related to trying to communicate when ill or in pain and how this is exacerbated by having to do so in a second or third language. Several identified being accompanied by a bilingual or trilingual community worker or relative as a means of alleviating this barrier. Whether in English or French, two people identified the need to simplify the language used to communicate so as to make it more accessible to people with different levels of comprehension.

Communication and access to information, whether written, online or in other media, was identified as a need many times throughout the discussions. Some expressed concerns over providing seniors with information online, as not everyone has access to the internet or are not computer literate. Participating in activities is dependent upon seniors hearing about them in a timely fashion. In addition, access is dependent upon whether transportation is available or a

[9] Hawkesbury is a town in Ontario mentioned by several people during the focus group and in the survey where medical services are offered with very little wait time and in English.

person can drive. “You cannot expect seniors to start driving around picking up other seniors and taking a taxi costs money.”

Focus group participants identified a need to have activities for seniors. The list of activities is extensive and includes physical exercise, adapted to seniors; social activities; learning activities and crafts. Two mentioned having a local centre for seniors or people of all ages. At least five people mentioned online activities as a wonderful alternative in COVID times with one person suggesting they should continue in the post-pandemic world.



COVID emerged as a topic throughout the discussions. People expressed fears around going to the hospital in COVID times; the isolation from family imposed by the pandemic; reduced volunteerism for fear of contracting the virus; a fundamental change in their perception of long-term care facilities as an option when they can no longer stay home.

Isolation is not exclusive to COVID times. Participants expressed the need to create a system to call seniors regularly or visit them, like “the little brothers of seniors that connect an elder and a younger person. That should be a way bigger program, but you need to have volunteers.”

Participants identified future housing needs as a concern. Seniors want to have options if they must move out of their homes. These options should be offered in the area where they currently live, be affordable and offer services in English. Seniors are willing to consider cooperative housing options but are now fearful of moving into public long-term care facilities (CHSLD). In fact, concerns over all the aforementioned needs being exasperated by poverty were expressed by at least two participants, while one specified the differences between “the haves and have-nots.”

One participant mentioned the lack of available services for men. Effectively, men were underrepresented in the focus groups and are oft forgotten when activities are planned, as one woman reminded the group when referring to the difficulties highlighted when she cared for a male family member, “The men are under

supported, especially single men, and isolated more than women who have groups." Though this only emerged once in the focus groups, it can be hypothesized it would have emerged had more men been present.

Figure 4: Word Cloud of Themes related to Needs: Size represents frequency of appearance in discussions

5.2.2 Question 2

Focus group participants were asked about their worries for the future. Their answers were grouped into nine themes, as presented in Table 4 below.

Table 3: Themes emerging around future worries

THEME	# OF MENTIONS	SPECIFIC TOPICS
DETERIORATING HEALTH	15	Staying active, information about health, diabetes, becoming a burden to family, falling, losing: autonomy, hearing, mobility, cognitive ability
ACCESS TO SERVICES	11	In rural areas, limited, wait times, English, lack of staff
STAYING HOME	10	Accessibility, access to home care, nursing, fear of strangers coming in, having maintenance done
HOUSING	8	Cost, coop, lack of space, level of care, leaving community
SUPPORT	5	Having a community to count on, time with grandkids, volunteers, social support, living with family
NO SPECIFIC FEARS	3	
QUALITY OF LIFE	3	Not being able to garden, go outdoors, weave baskets
COVID	3	Worries increased in confinement, accessing information about vaccines and public health
END OF LIFE	2	

Deteriorating health, accessing services, staying home and eventually going into alternate housing arrangements were the themes which emerged most with regard to future worries. The participants were relatively healthy and living in their homes. Many were, after all, participating as part of 4Korners' virtual yoga and women's wellness groups. They expressed concerns about their health deteriorating rapidly and not being able to access services in their homes because of wait list, lack of professionals and potential cost of services not covered to accessible in a timely manner. They were also concerned about making adaptations to stay in their home should it no longer be accessible given their future health condition.

When thinking about being obliged to leave their homes, participants expressed concerns about where they would go. Evidently, COVID has highlighted the

weaknesses in the long-term care offered to seniors in this province and participants did not want to have that be their only option. They are cognizant of the limited spaces available in residences and want, as much as possible to remain in their own community if they must leave their home. This will enable family to continue to visit. Seniors were offering creative solutions to alleviate their fears, including recommendations which will be highlighted in the final section of the report.

Participants identified the lack of access to services in general and health care services specifically as an area of concern for the future. Most participants agreed: there needs to be "more for seniors so they can stay in their own home." Some reiterated the lack of homecare services in rural areas and the lack of staff to provide said services.

5.2.3 Question 3

Participants were asked to provide examples of the types of programs, activities or healthcare services they would like to see more of and that may alleviate the

worries identified in question 2. Participants provided creative solutions, some of which will reappear in the recommendations section at the end of the report. The

answers were coded and the themes emerging are housing options, activities, seniors' wellness centre, staying home, staffing, networks, language and end of life options.

Several participants highlighted the need to have a space where English-speaking seniors can gather for activities. Two people suggested this place should be multigenerational, inclusive and bilingual. Participants painted a picture of a centre in each town, with a pool, offering several types of activities, indoors and out, ranging from exercises to pedicures, all adapted to seniors needs. In fact, the centre would quickly adapt to seniors' changing needs and ask them about these regularly. There would be storytelling, social activities, meals, Kanien'kéha[10] lessons, comedy nights and opportunities for seniors to share their talents with others through workshops and courses. "Activities are easy to organize." It would also be a place for seniors who do not have family to find a social network.

Having a network is another way seniors mentioned as a means of addressing their needs. A list of those who are isolated would serve to ensure there are seniors calling seniors and checking in on them. They offered ideas of programs called "adopt-a-grandma" to link those without families to a network. A network of neighbours caring for their older neighbours would enable people to stay in their homes longer.

[10] 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.

Finding ways to stay in their homes implies having staff able to offer services in English, in rural areas. All their doctors and services would need to be local, thus enabling seniors not to drive, or be transported, great distances for services. Transportation, that is neither adapted nor expensive, is needed to get seniors to appointments and activities. Funding would be available for seniors to adapt their homes as their needs change and pay for maintenance services when their spouses pass. Participants suggested funding organizers to support seniors in managing their homes and activities at the wellness centres. They also recommended having a professional network of social workers to check-in on seniors with different needs. These options would be less expensive than seniors' residences.

When the time came to move into residences, participants provided several innovative suggestions to meet future needs. In each community, there would be options for autonomous seniors where they can age and eventually have more long-term care in the same place. Groups of older people would band together to create cooperative housing units in their towns. Partnerships between the public sector and the private sector would create opportunities to develop housing within each town. Some spoke of building small apartment buildings, others of motel-like structures with a common gardening space in the centre, while others suggested mini-homes for seniors. One participant reiterated the importance of integrating both English and French speakers, in contrast to what she identified as a segregation of English and French in CHLSDs in her area.

Older individuals would be aware of all these options available to them as information would be communicated in English.

Finally, there were two mentions of end-of-life situations. People described being in their own home and on their own terms.

5.2.4 Question 4

As a final thought, some of the focus groups (this question was omitted in some of the groups) were asked to reflect on their values. What do you value? The answers were as varied as the people who participated in the groups. The main themes emerging are art, nature and family. Older people wish to be able to

paint, listen to music, play games, garden, go outside and be close enough for grandkids to visit.

5.2.5 Discussion Themes Emerging from Focus Groups

In the literature review, topics from age-friendly initiative research were presented (WHO, 2007). These inadvertently allow the organization of the themes emerging from the focus groups. Transportation is both one of the topics and one of the themes, as are community support and health services, housing, buildings and communication and information, in English. Social participation, civic involvement and social inclusion were alluded to during focus group discussions.

Arguably, the focus group participants described age-friendly towns where seniors can age in dignity and in health while participating in discussions around their needs and contributing by sharing their talents and skills. An in-depth analysis of the answers received through the online survey will provide a better understanding of the needs of English-speaking seniors in the Laurentians.

5.3 A Summary of the Data Collected through the Online Survey

358 people responded to the survey. 217 survey respondents answered all questions. There were 65 questions. Though not all people answered all questions, all the data was included in this analysis except if respondents were under 50 years of age or if they indicated both their first official language spoken and the one they are most at ease using were French. As such, 336 answers are analysed below. The survey response rate is estimated at 6.6% for the target respondents who are “seniors” (over the age of 65), or 3.1% given people over 50 were encouraged to answer as they will be the future seniors.

The data are organized into seven sub-sections:

1. Demographics: who are the English-speaking seniors in the Laurentians?
2. Language: what language are they more at ease speaking?
3. Health situation: what is the health situation of English-speaking seniors in the Laurentians?
4. Accessing information: where do English-speakers go for information?

5. Participation and use of services: what types of activities or services do English-speaking older people use?
6. MADA: what do seniors know about active aging and age-friendly cities?
7. Needs: what do older people need to age well in the Laurentians?

Within each subsection, whenever possible, the data are presented as a whole then subdivided into five postal codes. The first four represent the areas where 4Korners has offices and the fifth is Kanesatake. Since respondents were asked to enter the first three digits of their postal codes, the answers for postal codes: J7R, for Deux-Montagnes, J8C for Sainte-Agathe-des-Monts, J0R for Saint-Sauveur, J8H for Lachute and J0N for Kanesatake, were isolated to present the data below. There were initially 34 respondents from J7R, 23 from J8C, 54 from J0R, 71 from J8H and 33 from J0N. The postal codes are used as identifiers for several municipalities and may represent more than the populations of the aforementioned towns.

5.3.1 Demographics

5.3.1.1 Age, Gender and Marital Status

Of those who specified their gender (30 preferred not to answer or left the answer blank), 22% are male and 78% are female. No one chose non-binary as a response. 52% of women and 71% of men who responded are married. 156 respondents are aged between 65 and 74 years of age.

The figures below provide visual representations of the demographic information of the 296 people who answered all questions pertaining to age, gender and marital status.

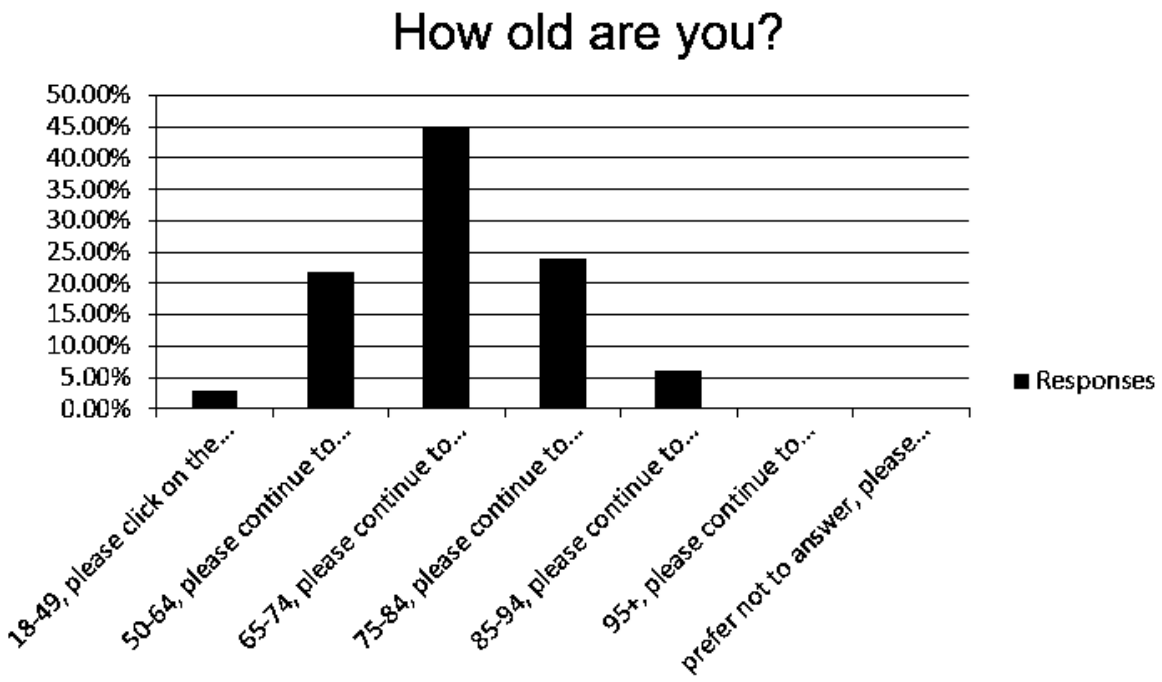


Figure 5: Percentage of people who replied by age group

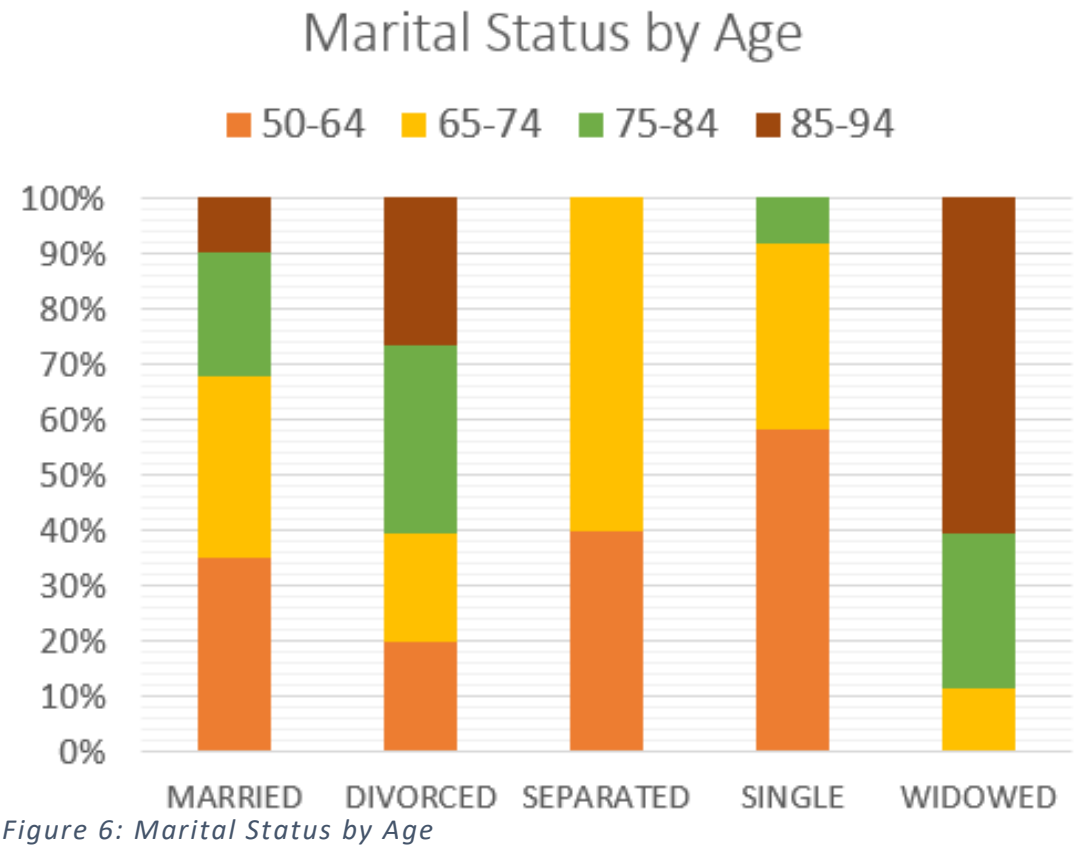


Figure 6: Marital Status by Age

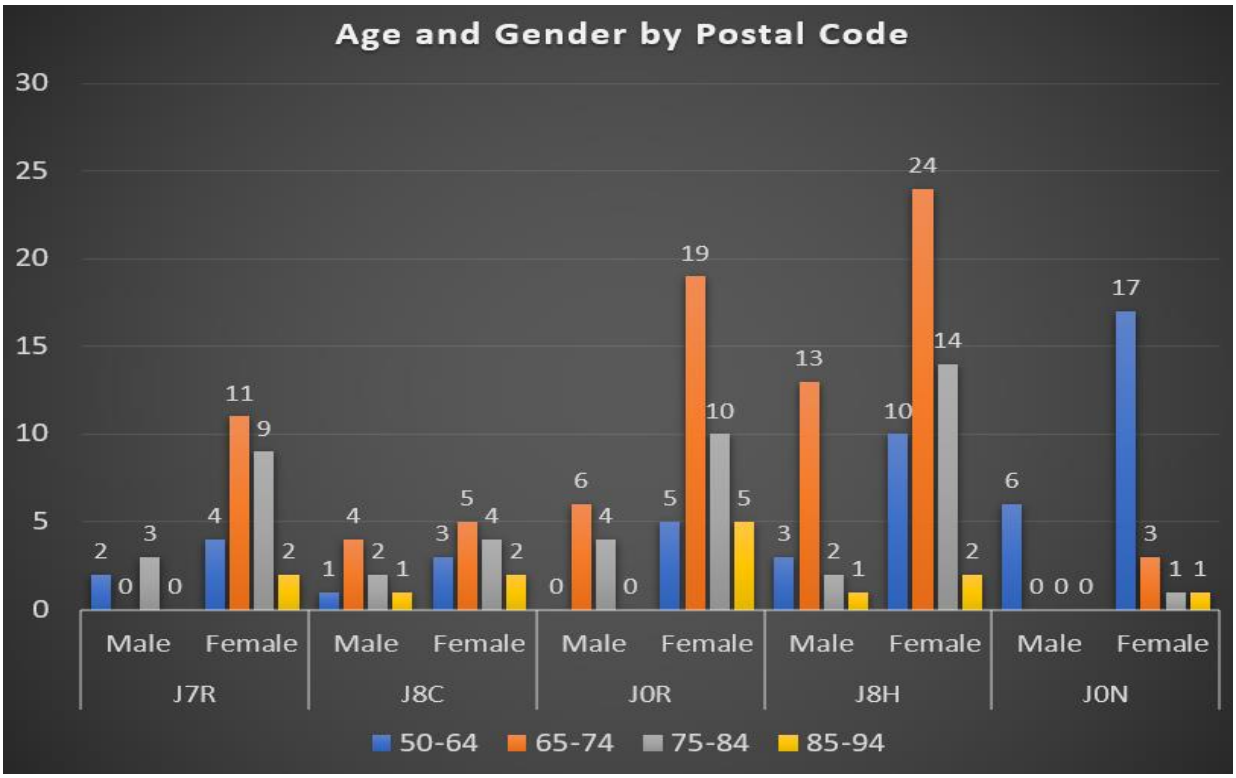


Figure 7: Age and Gender by Postal Code

Martial status was omitted from Figure 7 above as the number of respondents in some of the categories is too low.

5.3.1.2 Income and Education Level

Both level of education and income are predictors of health outcomes, as is living with people and having a strong social network (WHO, 2004). These factors will be featured in the next few sections and will be discussed as they related to health outcomes.

There were 347 people who answered the question about household income. 83 people indicated they preferred not to answer. As such, Figure 8 below presents the 264 answers provided. 18% of the respondents (200 of them, once those who preferred not to answer are omitted) over 65 years of age live below the poverty line.

The education level figure is placed below the income graph. Similarly, the missing responses and those who preferred not to answer were removed from the percentage calculations. 92% of the English-speaking population over the age of

50 who responded to this survey have at least a high school diploma. This number indicates one of two things: either the sample selected was extremely biased or English-speaking seniors are more educated than the general population in the Laurentians. 29% of seniors in the Laurentians do not have a high school diploma. Of the seniors over 65 who responded to the survey, only 8% do not have a diploma.

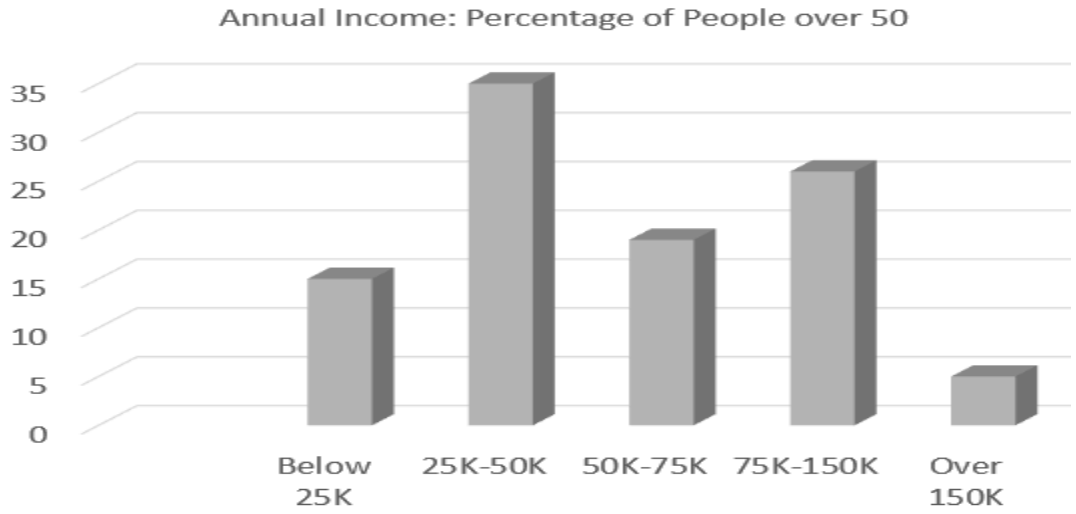


Figure 8: Annual Income in Thousands of Dollars

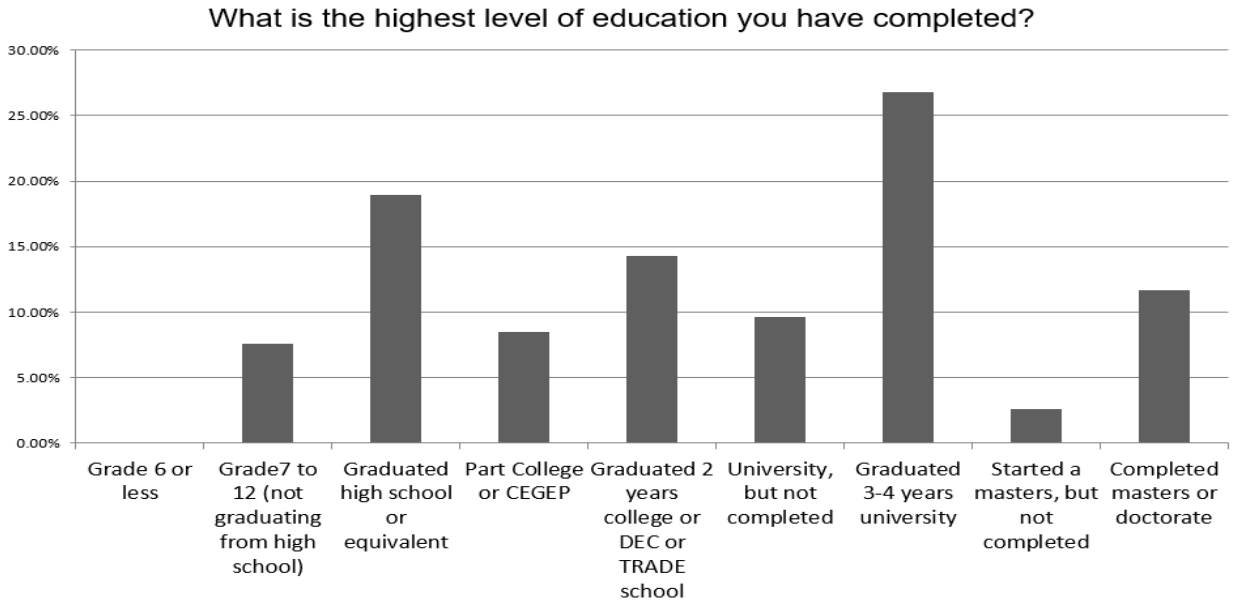


Figure 9: Education Levels

5.3.1.3 Place of Residence

345 people responded to the question related to their place of residence by entering the first three digits of their postal code. There were 15 who do not live in the Laurentians and 10 who did not answer. 297 of the respondents live in the Laurentians year-round, while 8 live there between 1 and 3 months per year and 40 live there between 4 and 9 months per year. The table below provides a breakdown of respondents by RCM.

Table 4: Number of Respondents by RCM

#	Regional County Municipality
75	MRC de Deux-Montagnes, includes Kanesatake
18	MRC de Thérèse-de-Blainville
1	Ville de Mirabel
3	MRC de la Rivière-du-Nord
162	MRC d'Argenteuil
26	MRC des Pays-d'en-Haut
34	MRC des Laurentides
0	MRC d'Antoine-Labelle
319	TOTAL

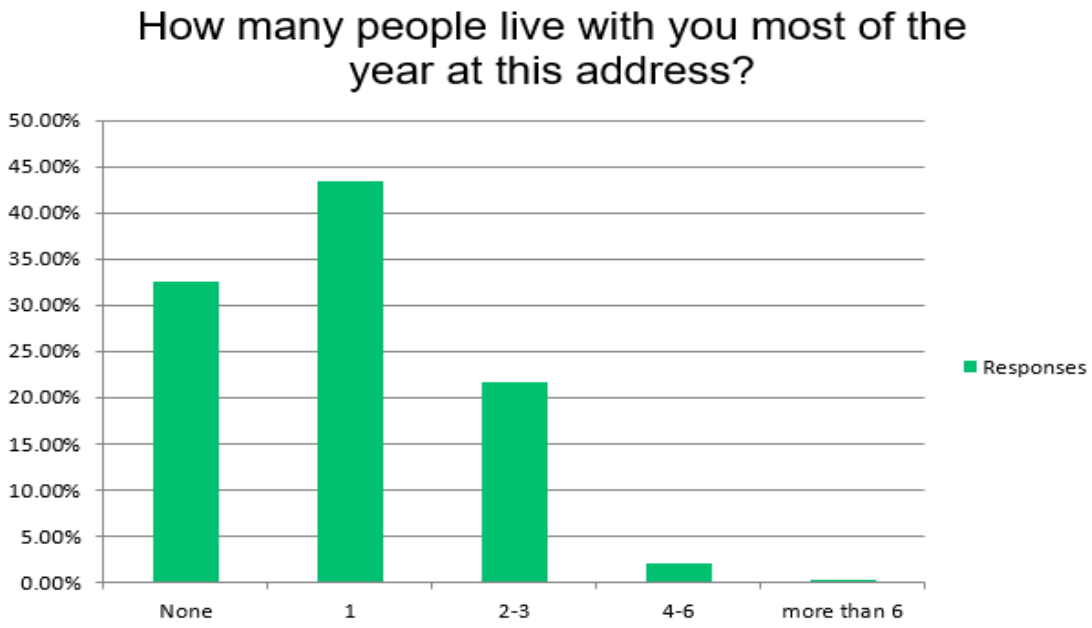


Figure 10: People Living with Respondents

Figure 11 shows that 33% of respondents live alone. When compared to the data from the CISSS (2019), it seems as though there is a larger percentage of English-speaking seniors living alone in the Laurentian's than the general population (26%). When broken down further, of the 112 people living alone, 84% are women. The figure below provides a breakdown of the people living alone by postal code.

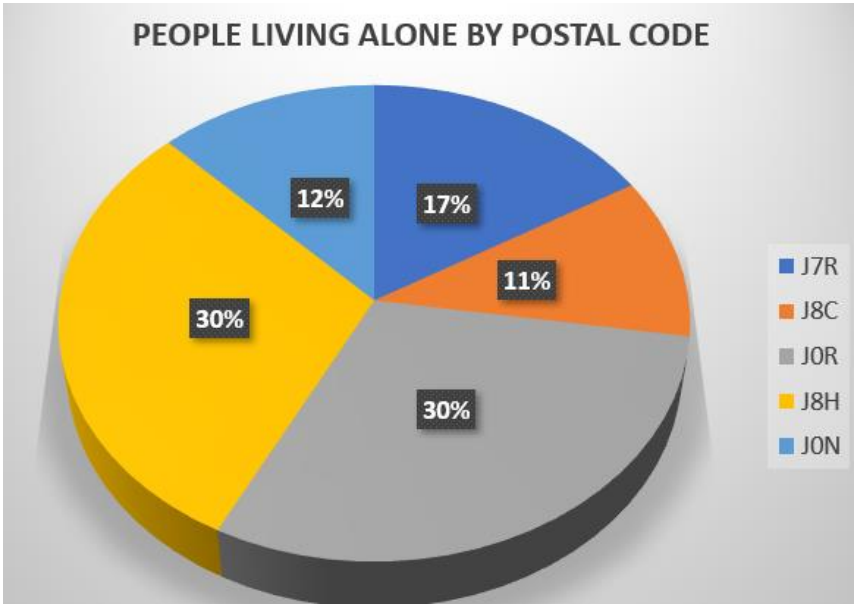


Figure 11: People Living Alone by Postal Code

5.3.2 Language

5.3.2.1 First Language Learned

327 answers were analyzed to determine first language learned as well as the first official (English or French) language preferred. The pie chart below provides a clear picture demonstrating the target to reach English-speakers in the Laurentians was reached. Of the 327 people surveyed, 333 said English is the first official language they speak best. The discrepancy is due to the answers left blank on the question regarding first language learned.

Note: the other category includes 1 to 3 people who speak one of the following languages: Danish, Dutch, Hungarian, Italian, Latvian, Polish or Spanish.

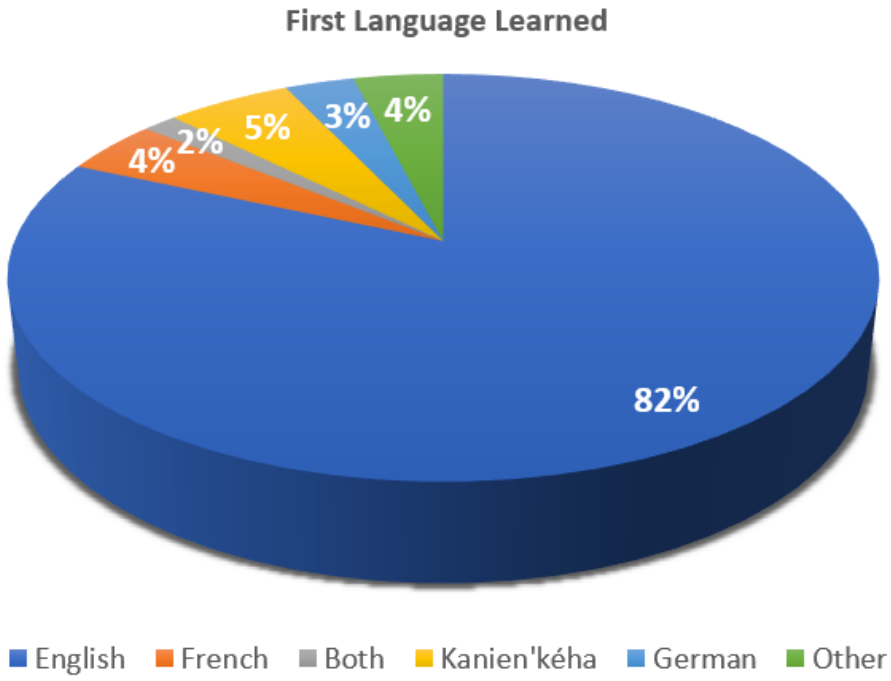


Figure 12: First Language Learned

5.3.2.2 Bilingualism

Individuals were asked to rate themselves as "completely" bilingual, "I get by", "not really" bilingual in English and French. There was an "other" category enabling individuals to specify, should they feel the need. In the last category, some explained they were trilingual, and their answer was moved into the completely bilingual category while others mentioned being bilingual, but not with French as the second language. One person mentioned being completely bilingual but finding technical medical terms in French difficult to understand. As such, 3 of the "other" answers were moved into "completely". The chart below provides the breakdown of the bilingual English-speaking individuals in the Laurentians.

Figure 13: Bilingualism among English-speaking People in the Laurentians

The table below provides information about the percentage of completely bilingual individuals by postal code.

Table 5: Percentage of People who are Bilingual by Postal Code

	COMPLETELY	I GET BY	NOT REALLY
J7R	24%	52%	24%
J8C	25%	60%	15%
J0R	35%	37%	28%
J8H	19%	47%	34%
J0N	34%	38%	28%

People in the J0R and J0N postal codes seem to be the most bilingual, whereas 34% of those living in the J8H are not bilingual. An important question to consider is the one mentioned in one of the "other" answers. When someone considers themselves to be completely bilingual but admittedly struggles with specific medical terminology in French, how does one who "gets by" perceive medical jargon? This question will be further explored when the data from usage of health services are presented.

5.3.3 Accessing Information

5.3.3.1 How did you hear about the survey?

Most respondents, 38%, heard about the survey through 4Korners. 17% received the information through their municipality or lake association and 17% saw the link to the survey on Facebook. Smaller percentages of people received an email, heard through FADOQ, a friend, the Kanesatake Health Center, Main Street or the Laurentian's Club.

Table 5 below provides a breakdown of the top three answers by postal code.

Table 6: How did you hear about the survey?

Source	J7R	J8C	J0R	J8H	J0N
4korners	69%	26%	31%	41%	9%
Municipal	0%	30%	11%	45%	0%
Facebook	9%	17%	24%	3%	67%

In addition, 89% of respondents confirmed having access to the internet and using it on a daily basis. This may present one of the biases of this survey as it was conducted online.

5.3.3.2 Information about Activities

One of the questions asked respondents to check off all their preferred sources of information on activities in their area. On average, individual selected 2.5 choices. The two most popular sources of information for all age groups combined are "a friend" and "Facebook".

The table below presents information by age group.

Table 7: Sources of Information by Age Group

	FRIEND	FAMILY	Bulletin Board	Facebook	Other social media	Mainstreet	North Shore News	Community Connections	Other ENGLISH Newspaper	Other FRENCH Newspaper	Radio	I read the news on the internet	I watch the news on TV	OTHER
50-64	**18%**	**7%**	**23%**	**56%**	**9%**	**14%**	**2%**	**9%**	**14%**	**9%**	**14%**	**32%**	**19%**	**7%**
65-74	**40%**	**15%**	**17%**	**30%**	**2%**	**31%**	**3%**	**17%**	**13%**	**0%**	**12%**	**23%**	**23%**	**0%**
75-84	**36%**	**15%**	**13%**	**22%**	**4%**	**31%**	**3%**	**22%**	**19%**	**3%**	**15%**	**31%**	**34%**	**0%**
85-94	**47%**	**12%**	**6%**	**6%**	**0%**	**41%**	**6%**	**0%**	**41%**	**6%**	**24%**	**12%**	**41%**	**0%**

The media sources that received the highest score per age group are highlighted in yellow.

5.3.3.3 Information about Health Services

Most respondents rely on their family doctor for health information, with 45% of the 323 people who responded to this question confirming it. The internet was the second most used source for health information about people between 50 and 95 years of age. For this question, respondents were only given the opportunity to choose one answer.

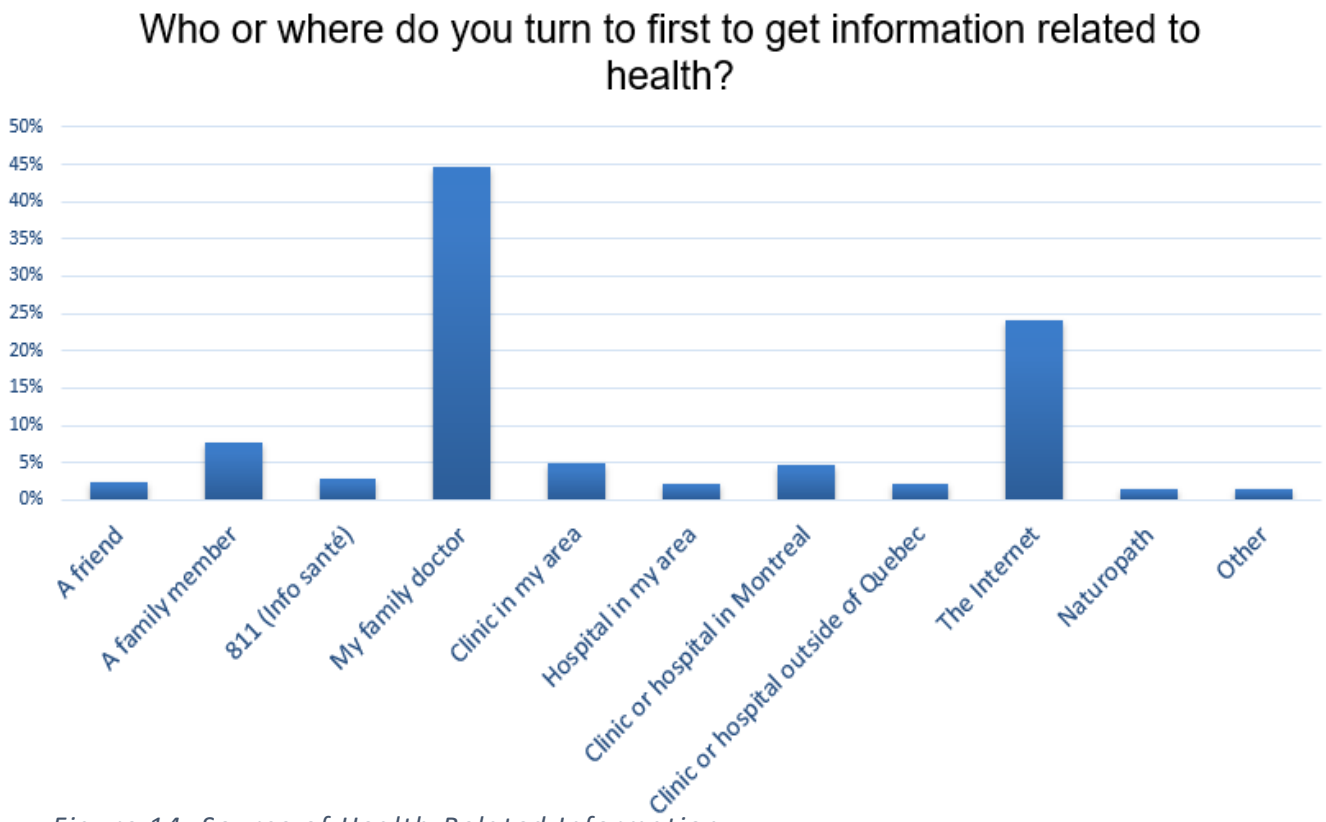


Figure 14: Source of Health-Related Information

When asked where they turn to for health services and provided with the same options as those presented in Figure 14 above, the majority of respondents (66%) said they turned to their family doctor. A family member was a distant second at 8%.

5.3.4 Participation and Use of Services

5.3.4.1 Activities and Language

Respondents were then asked to review a list of activities and select the ones they use. The table is presented below and provides extensive information about the activities people over 50 participate in as well as the language in which they are available. In an attempt to begin to answer the main question the assessment is meant to answer, respondents were asked if they would like to see the activity offered in their area and if they would like it in English. There were 222 individuals who responded to this question. The first line in the table may be read

as such, “9% of the 222 people over 50 years of age who answered the question participate in Golden Age Club Meetings. Almost half, or 49% of them are available in English. 8% of people would like to have it in their area and 48% of all who selected this activity (by participating or wishing it would be offered locally) would like to have it in English.”

Table 8: Rate of Participation of Activities, in English and Needs

LIST OF ACTIVITIES	I participate	It is available in English	I would like to have it offered in my area	I would like to have it in English
SOCIAL ACTIVITIES LISTED BELOW				
Golden Age Club Meetings	9%	49%	8%	48%
Legion (Veteran's Hall)	12%	84%	2%	14%
Community dinners (Evenings)	21%	51%	11%	31%
Community Luncheons	22%	53%	16%	35%
Bingo	12%	59%	5%	20%
Card games	12%	56%	8%	23%
Book Club/Book Exchange	18%	42%	13%	38%
Billiards	2%	23%	5%	59%
Group Outings (i.e. Casino or Museum trips)	7%	32%	15%	43%
Seasonal Fairs/Bazaars	31%	53%	12%	22%
PHYSICAL ACTIVITIES LISTED BELOW				
Yoga/Tai Chi	28%	57%	12%	24%
Badminton or other racket sport	4%	26%	9%	44%
Other Indoor Games	8%	43%	9%	30%
Lawn Bowling	6%	33%	9%	46%
Horseshoes	1%	21%	8%	54%
Exercise Classes (Viactive, Zumba, aerobics, etc)	21%	51%	17%	28%
Dance classes/line dancing activities	9%	45%	11%	33%
Walking Club, Trails	18%	39%	17%	30%
Ice Skating/Hockey	7%	74%	3%	11%
Cycling paths	21%	35%	9%	15%
LEARNING ACTIVITIES LISTED BELOW				
Lectures/Presentations	19%	27%	23%	53%
Films/Theatre/Plays/Concerts	18%	28%	23%	54%
Other cultural activities	12%	22%	14%	55%

LIST OF ACTIVITIES	I participate	It is available in English	I would like to have it offered in my area	I would like to have it in English
Computer classes	4%	21%	15%	67%
Quilting/Knitting/Sewing	12%	56%	9%	35%
Arts and Crafts	11%	43%	15%	44%
Drawing/Painting	18%	57%	12%	34%
HEALTH RELATED ACTIVITIES LISTED BELOW				
Foot care	12%	36%	16%	37%
Vaccination Clinics	29%	43%	16%	31%
Health Assessments	8%	18%	15%	55%
Meals-on-Wheels	7%	49%	8%	32%
Food Banks	5%	57%	4%	23%
Community kitchen/cooking classes	5%	21%	15%	60%
Friendly visits/phone calls	13%	40%	12%	46%
Fall prevention programs	6%	20%	16%	56%
Workshops on physical health issues	7%	23%	20%	59%
Workshops on mental health issues	6%	22%	18%	57%
Support groups for caregivers	4%	24%	12%	49%
Grief support groups	2%	20%	13%	60%
Cancer support groups	3%	32%	12%	48%
Therapy (individual and/or couples/family)	3%	25%	9%	61%
Home care nursing services	3%	28%	14%	60%
Home care professional services (physio, etc)	4%	23%	18%	65%
Home care other services (baths, etc)	3%	37%	9%	49%
Equipment loan services (wheelchairs, wigs, etc)	4%	36%	11%	60%
Train your brain (dementia prevention)	5%	16%	19%	63%
SERVICES TO MAKE YOUR LIFE EASIER				
Housing services for seniors	5%	21%	16%	53%
Transportation services	9%	32%	20%	41%
Home maintenance services	5%	18%	23%	47%
Cleaning services	11%	26%	22%	46%
Spring cleaning services	9%	20%	20%	54%
Meal prep services	4%	21%	9%	45%
Groceries and other errands	6%	27%	14%	43%
Respite and monitoring	2%	18%	9%	50%
Personal assistance services	3%	13%	10%	56%

LIST OF ACTIVITIES	I participate	It is available in English	I would like to have it offered in my area	I would like to have it in English
Tax clinic	4%	26%	10%	50%
Help filling out forms	3%	34%	8%	45%
Legal clinic	4%	15%	11%	65%
Help filing a complaint regarding health services	2%	20%	9%	51%
Services for Elder abuse	1%	22%	7%	52%
NONE of the above	7%		1%	11%

In an attempt to summarize the data in the table above, averages will be presented for each group of activities. On average, 15% of older people (over 50) participate in social activities. Half of them are available in English. 9% of the people polled would like to have social activities locally, in their area, and 33% of respondents would like to have social activities offered in English. Older people participate mostly in social activities; this is also the activity set with the highest percentage of English activities. In addition, this is the activity set that seems to present the least number of needs for older people as only 9% indicated wishing to have these in their area.

Similarly, physical activities do not seem to be lacking as they are available locally. The matrix in appendix 7.1 confirms this statement. 11% of respondents participate in these types of activities. This may contribute to explaining why a high percentage of people report being active more than eight hours per week (see section 5.3.5.6). 39% of the physical activities in which respondents participate are offered in English, though 38% of respondents would like to see more of these offered in English.

14% of respondents participate in learning type activities. 36% of them are offered in English. These types of activities seem to present the greatest need for older people with 16% indicating they would like to see these types of activities offered in their area. 49% think it would be good to have them in English.

7% of people over 50 years of age access health related activities and 30% of these are available in English. 14% of respondents would like to see these types of activities offered in their area and 51% would like them in English.

Finally, it seems as though older people do not like to facilitate their lives with only 5% stating they use activities meant to do so. Of these, 22% are available in English.

18% of respondents added comments in the other section. Their comments are grouped by theme below:

- 20% recognized they do not need these services now but would appreciate them being available in English then.
- 23% did not know or were not sure if they answered the questions right, felt it was too long and confusing and were starting to lose interest.
- Some provided additional suggestions for activities:
    - Indigenous healers and involve youth
    - Pool
    - Gardening help
    - More information on what is available and a price list

5.3.4.2 Health Services and Language

Similar to the question about activities, respondents were asked to identify which health services they had used in the last two years. They were also asked to identify if the service was offered in English and if documentation was available in English. 243 individuals completed this table. To read the table, consider the first line, which should be read as, "17% of the 243 respondents called 811 for a question related to their physical health. 57% of them were served in English. 10% of them received papers in French while 5% received them in English."

SERVICE	I used this service.	They served me in English.	They gave me papers in French.	They gave me papers in English.
INFO SANTÉ 811 for a physical health question	17%	57%	10%	5%
INFO SANTÉ 811 for a mental health question	2%	0%	25%	25%

SERVICE	I used this service.	They served me in English.	They gave me papers in French.	They gave me papers in English.
Home care services at your home with a NURSE	7%	82%	24%	29%
Home care services at your home with a SOCIAL WORKER	4%	70%	50%	30%
Other home care services at your home	6%	33%	27%	13%
Emergency room in your area - discussion with a RECEPTIONIST	13%	63%	47%	13%
Emergency room in your area - discussion with a NURSE	12%	73%	33%	7%
Emergency room in your area - discussion with a DOCTOR	17%	83%	26%	24%
Emergency room in another part of the Laurentians - discussion with a RECEPTIONIST	5%	69%	62%	23%
Emergency room in another part of the Laurentians - discussion with a NURSE	5%	73%	27%	18%
Emergency room in another part of the Laurentians - discussion with a DOCTOR	5%	77%	23%	23%
Emergency room outside of the Laurentians - in Montreal	5%	91%	9%	9%
Emergency room outside of the Laurentians - in Ontario	9%	100%	4%	52%
Emergency room elsewhere	1%	0%	0%	100%
Ambulance in the Laurentians	9%	67%	24%	0%
Family doctor, in the Laurentians	33%	71%	37%	20%
Family doctor, NOT in the Laurentians	38%	82%	7%	36%
Day services at a HOSPITAL, in Laurentians	14%	43%	37%	17%
Day services at a HOSPITAL, NOT in Laurentians	12%	82%	11%	46%
Telephone appointment services - discussion with a receptionist	41%	64%	15%	8%
Online appointment services	31%	65%	17%	12%
"Telehealth" services with a doctor (by phone or online)	30%	65%	11%	15%
Day services at CLSC or other services, in Laurentians	17%	59%	29%	10%
Day services at CLSC or other, NOT in Laurentians	2%	50%	0%	50%
Overnight stay at a HOSPITAL in Laurentians	6%	57%	43%	21%
Overnight stay at a HOSPITAL NOT in Laurentians	3%	57%	0%	71%
NONE	11%			

Highlights from the table include:

- In general, doctors serve people in English:
    - 83% of people who saw a doctor in the emergency room in their area were served in English.
    - 77% of people who saw a doctor in the emergency room in the Laurentians were served in English.
    - 91% of people who saw a doctor in the emergency room in Montreal were served in English.
    - 100% of people who saw a doctor in Ontario were served in English.
    - 82% of people who saw their family outside of the Laurentians were served in English.
- The lowest percentage are found in the "papers in English" category.
- The most used service is calling for an appointment and speaking with someone at reception. 64% of people obtained the service in English.

29 people answered "other" and provided details about the services they received, their location and the language. 28% identified services only offered in French or simply do not ask to be served in English. The same percentage simply pay for services or leave the Laurentians to get them. 14% appreciated services offered without reference to language. 7% received bilingual services while 21% were served in English. One person highlighted the importance of being served in English and not politicizing health services.

Respondents were then asked if they had any experiences to share. The breakdown of the answers in provided in Table 10 below.

Table 9: Health Services Experiences

TYPE OF RESPONSE	% (OUT OF 113)	COMMENT
NOTHING TO REPORT	38%	14% of them added a positive comment
NEUTRAL	6%	Not related to language, experience, or service
POSITIVE	29%	9% of them were outside of the Laurentians
NEGATIVE	27%	57% of them are related to language barriers

5.3.5 Current Health Situation of English-Speaking Seniors in the Laurentians

5.3.5.1 Physical Health

The figure below tells the story of how 83% of English-speaking people over the age of 50 perceive their physical health to be excellent, very good or good. This is aligned with the data presented early about the general population in the Laurentians (Agence, 2013). Though 83% is greater than three quarters, both represent I good overall perception of one's health.

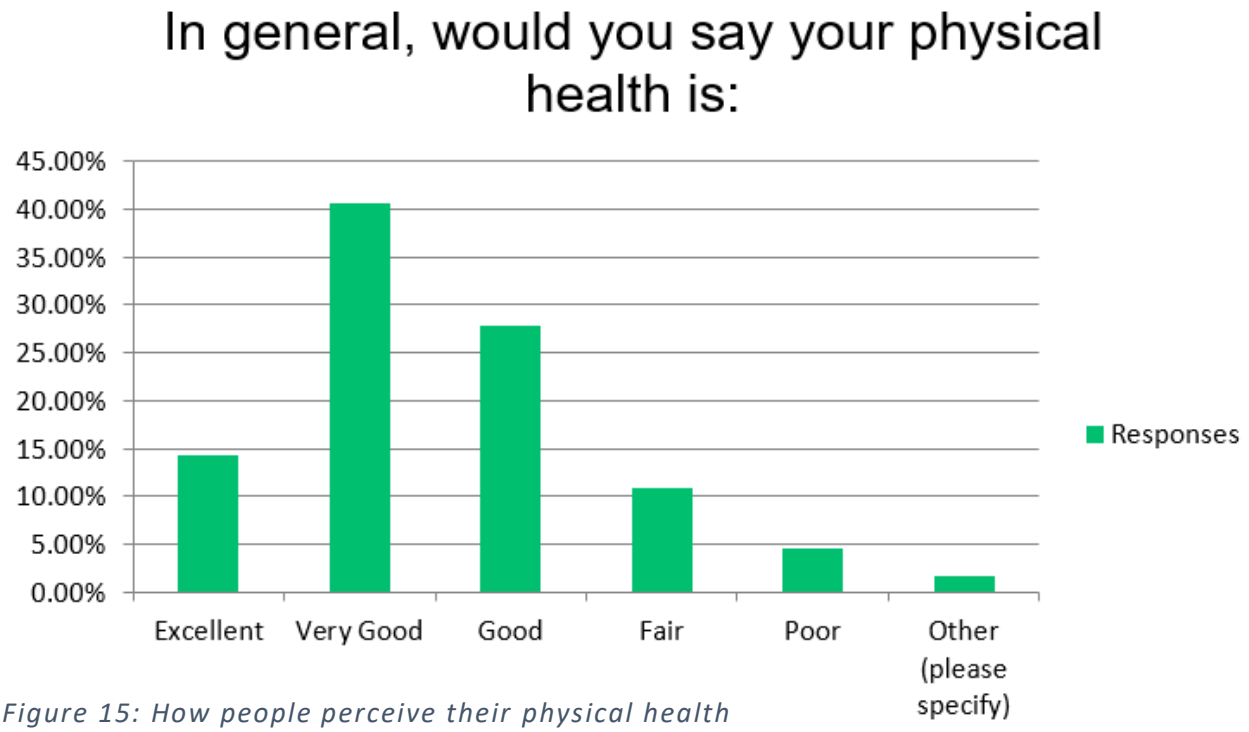


Figure 15: How people perceive their physical health

When broken down by postal code, the perception remains relatively the same.

Table 10: Perception of Physical Health by Postal Code

	EXCELLENT	VERY GOOD	GOOD	OVERALL
J7R	18%	29%	35%	82%
J8C	17%	25%	46%	88%
J0R	17%	39%	19%	74%
J8H	15%	51%	28%	94%
J0N	3%	32%	42%	77%

According to the table above, the people in J8H perceive themselves to be in better health than those in other areas. Individual perception will be compared to diagnoses received from medical professionals in section 5.3.5.4 below.

5.3.5.2 Mental Health

Much like the data for the Laurentians, the percentage of people who perceive themselves as have good mental health is quite high. Among English-speakers it is 91% whereas it was 98% for the general population of seniors in 2013 (Agence, 2013). When the general population was asked about their mental health during the pandemic, 12% indicated having symptoms of depression or anxiety (Université de Sherbrooke, cited in CISSS, 2021).

Among English-speaking people over the age of 50, 293 people answered the question: how often do you feel anxious? Their answers are presented in Figure 16 below along with the distribution by postal code to provide a visual comparison. In J7R, 25 people responded to this question, in J8C there were 18 answers, J0R provided 43 responses, 62 in J8H and 23 individuals answered the question in J0N. The trends are similar in all areas with a slightly increased occurrence of anxiety in J0N, where 9% of the 23 respondents indicated always feeling anxious. The reverse seems to be true in the J0R where no one indicated feeling anxious always. In J7R and J0R, 48% and 47% of respondents respectively indicated never or rarely feeling anxious.

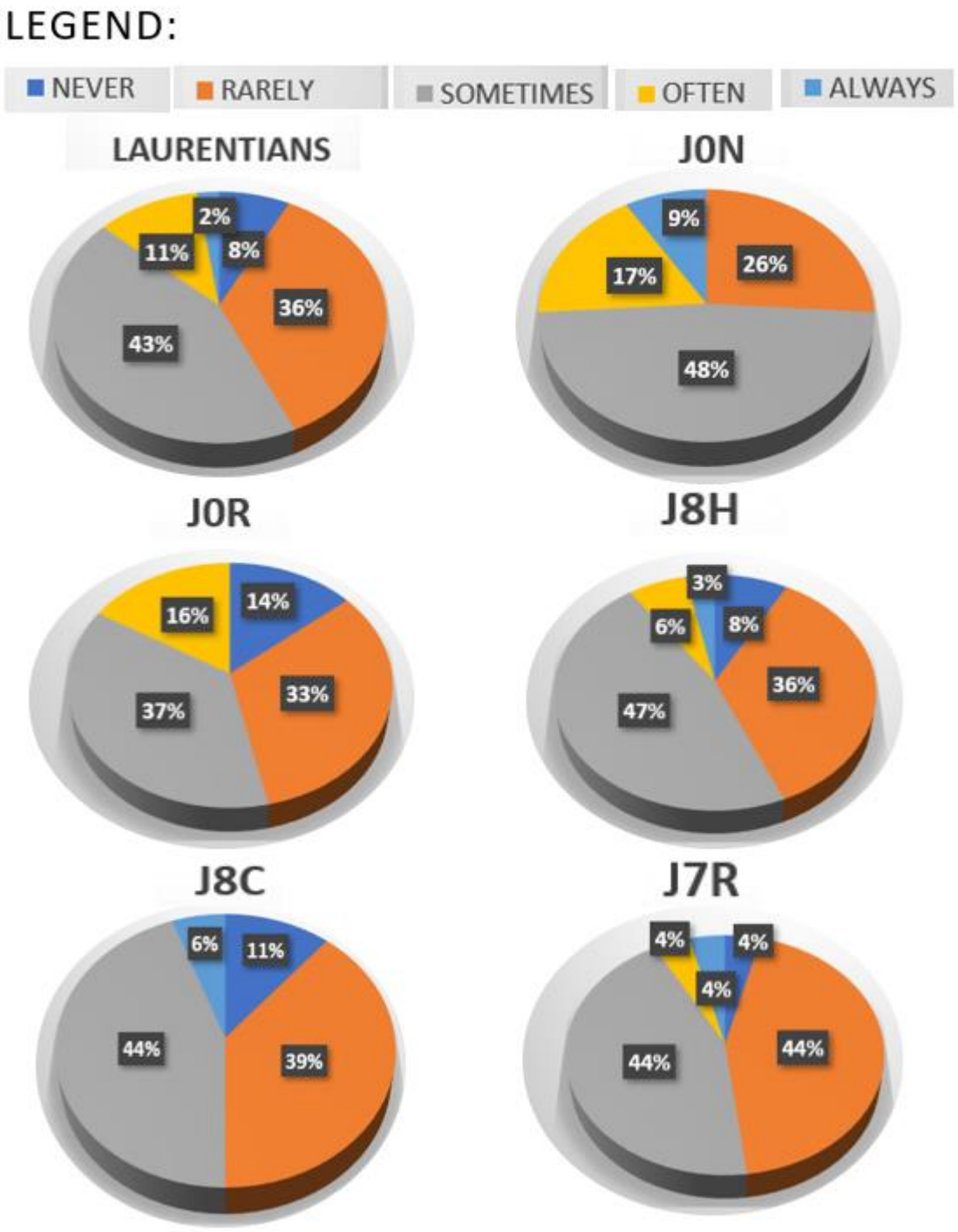


Figure 16: Level of Anxiety by Area

5.3.5.3 Spiritual Health

People over the age of 50 were asked about their spiritual health. In the "other" category, people questioned the meaning of spiritual health often stating they did not believe in religion.

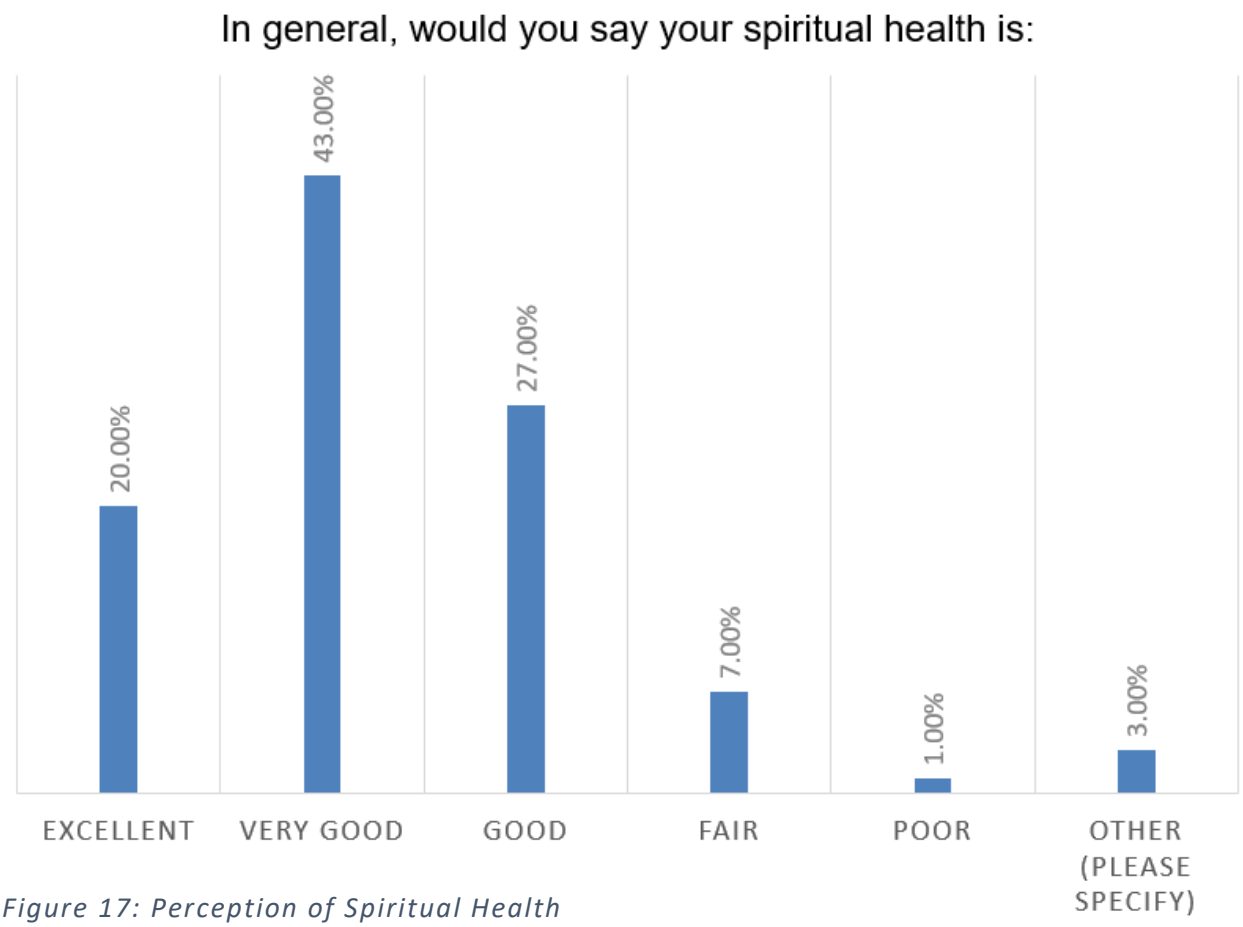


Figure 17: Perception of Spiritual Health

In 5.3.3.5, answers to questions related to belonging to a congregation, or a social club and level of social support will be presented. The answers to each provide a sense of connection and belonging, which are protective factors for good health outcomes.

5.3.5.4 Diagnoses

When asked if they had been diagnosed with health issues, 59% of respondents said yes and provided their diagnosis. Tables 11 and 12 below provide the relevant details of diagnosis.

One of the volunteers on the committee shared her extensive experience in evaluating health program and compiled diseases by system in Table 9 below.

Table 11: Diseases by System

System	**Items included**
Orthopedic	Arthritis, any joint problem, osteoporosis, rheumatism, rheumatoid arthritis, osteopenia, fibromyalgia
Respiratory	Asthma, COPD, sleep apnea, bronchitis
Cardiac/circulatory	Hypertension, cholesterol, afib, stenosis
Cancer	Any type
Endocrine	Diabetes, thyroid
Digestive	GERD, Celiac, Digestive problems, IBS, Crohn's
Liver	Fatty liver
CNS	Nerve damage, stroke, trigeminal neuralgia
Cognitive	Anxiety, depression, OCD, dementia, ADHD
Urinary	Prostate, incontinence, kidney disease
Ocular	Dry eyes, macular degeneration, cataracts, bppv
ENT	Deafness, hearing aid, Menieres
Other	Chronic fatigue, Graves disease, obesity, awaiting diagnosis

The 190 respondents' answers were grouped to determine how many people suffered from comorbid diseases, which is the presence of two or more diseases in the same person. Table 12 below provides a breakdown of the identified comorbids.

Table 12: Percentage of People over 50 with More than One Disease

Number of Diseases	# of People	Percentage
One	109	57
Two	35	18
Three	24	13
Four	15	8
Five +	6	3

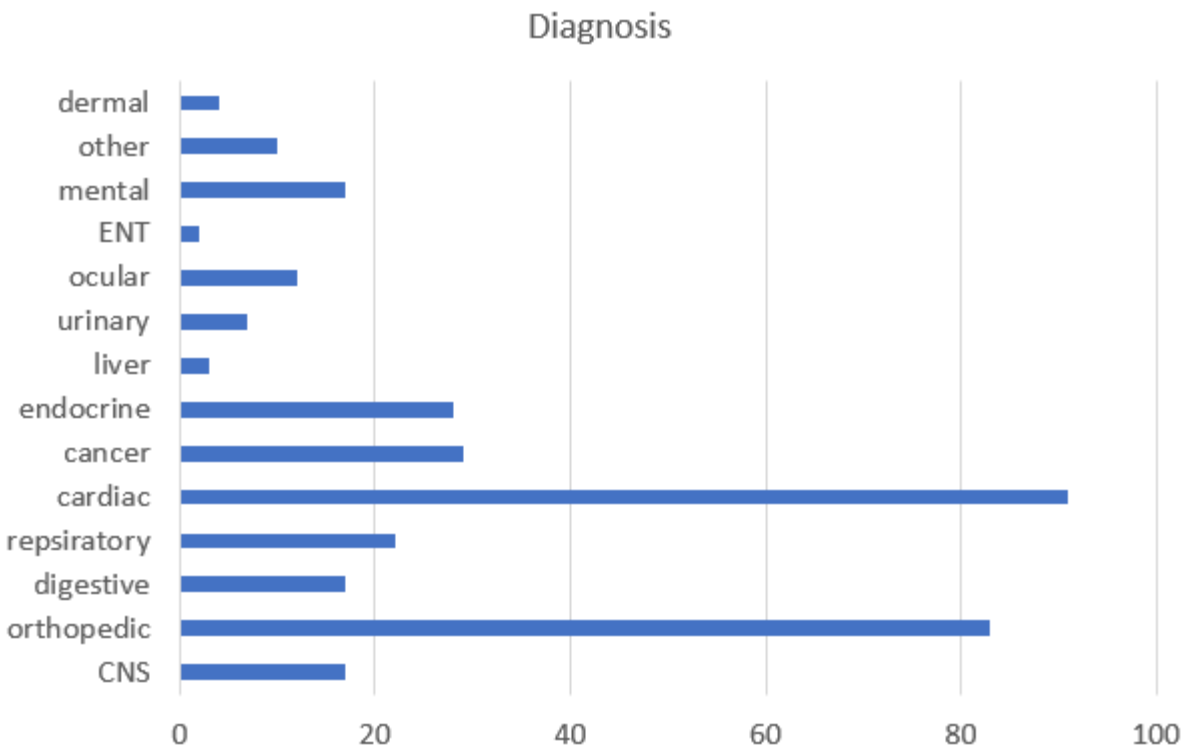


Figure 18: Number of People by Diagnosis

When compared with the general senior population in the Laurentians, the people over 50 surveyed present similar health conditions.

Table 13: Comparing English-Speaking Seniors'(ESS) Illnesses to the General Population

	% in ESS Sample	*% in General Pop.*
Hypertension	**21**	**28**
Back Pain	**8**	**22**
Diabetes	**12**	**19**
Cardiac issues	**12**	**17**
Comorbidities	**45**	**51**
Chronic illness	**62**	**81**

When the frequency of chronic diseases is compared with seniors' perception of their own health, it is evident that seniors view themselves as being in good health considering their age and ailments. The table below provides a breakdown of the number seniors who rated themselves as in good health in relation to the ones who have health issues.

Table 14: Seniors Perception versus the Number who have Comorbid Illnesses

	Perception of their own physical health		
	Excellent	**Very Good**	**Good**
# of responses	**10**	**71**	**56**
# with comorbidities	**2**	**30**	**21**

5.3.5.5 Social Participation and Belonging

The data presented in this section provides information regarding respondents' social support network and their level of civic participation.

73% of respondents are retired. 12% work full time and 7% work part time. 3% of respondents volunteer. Only 10% of those who work full time are seniors. 76% of those who work part time are seniors.

Most respondents have a strong social support network, though a few mentioned the pandemic has prevented them from having people visit.

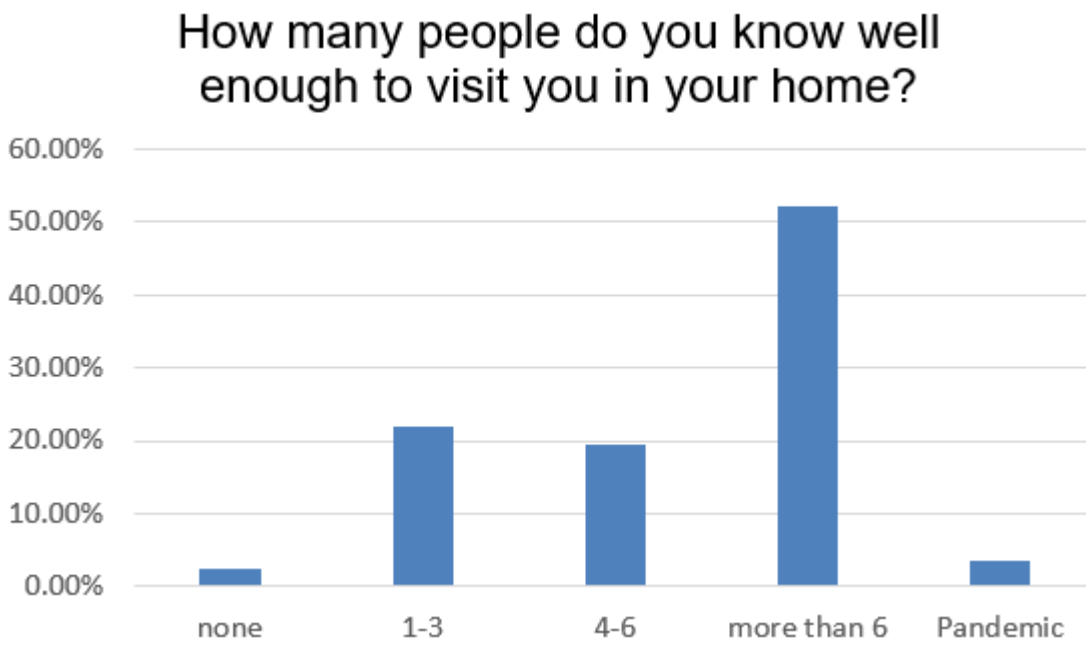


Figure 19: Number of Visitors

291 people responded to the question asking if they belonged to a social club. 47% of them confirmed they belonged to a club. The list of clubs identified is lengthy. Table 15 below presents a grouping of clubs by mission. The people who indicated belonging to at least two clubs are considered to be socially active. Naturally, some answers alluded to the impact of COVID on social activities.

Table 15: Types of Club Memberships Held by Respondents

Type of Club	***% of people who are members***
Sports/exercise	**31**
Service	**20**
Learning	**11**
Arts (crafts, music, visual, theatre)	**15**
Social	**18**
Garden/Lake/Outdoor	**5**

Half of respondents are part of one social club. One participant is part of eight. The following table provides information on the others.

Table 16: Number of Clubs Respondents Belong To

Number of memberships	
1	**50%**
2	**26%**
3	**13%**
4	**5%**
5	**2%**
6	**0%**
7	**2%**
8	**1%**

46% of 292 respondents have family close by and see them regularly. 6% expressed how COVID has limited their ability to see family. 34% do not have family close by while 12% do but do not see them regularly.

As a point of comparison, 38% of the people who stated they did not belong to a club have family close by and they visit regularly.

The table below provides information about social club membership and family visits by postal code. The percentages are calculated based on the number of responses. As these questions arose halfway through the survey, some answers were left blank and do figure in the calculations presented below.

Table 17: Social Participation by Postal Code

Postal Code	*% of people who belong to a club*	*% of people who have family and see them regularly*
J7R (25 answers)	**68**	**64**
J8C (18 answers)	**33**	**50**
J0R (40 answers)	**48**	**45**
J8H (60 answers)	**62**	**45**
J0N (21 answers)	**5**	**57**

The figure below highlights that most people who responded to the survey are not part of any religious, spiritual or faith-based congregation. The table beneath it provides a breakdown of those who answered yes, by age group.

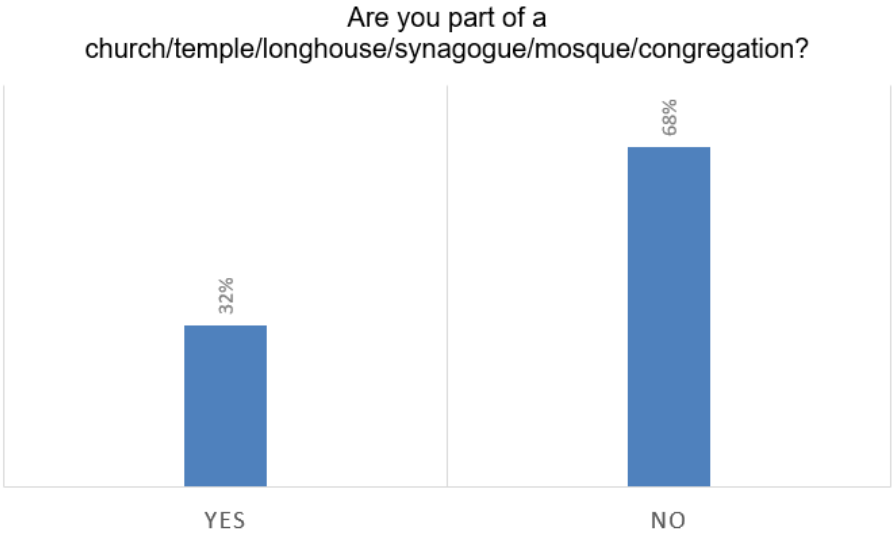


Figure 20: Membership in church, temple, longhouse, synagogue, mosque or other congregation

Table 18: Membership in Church, Temple, Longhouse, Synagogue, Mosque, or other Congregation by Age Group

Age group	Total who responded in age group	Yes, are a member	Percentage
50-64	59	12	**20**
65-74	136	33	**24**
75-85	70	29	**41**
85-94	17	11	**65**

In comparison, age groups were broken down by club membership in Table 17.

Table 19: Club Membership by Age Group

Age group	Total who responded in age group	Yes, are a member	Percentage
50-64	60	16	**27**
65-74	136	76	**56**

Age group	Total who responded in age group	Yes, are a member	Percentage
75-85	71	36	**51**
85-94	18	7	**39**

Based on the sample who responded to the survey, a higher percentage of older people between 85 and 94 years of age are more likely to be involved in a congregation than those between 65 and 74 years who are more likely to be members of a social club than a congregation.

Respondents were asked to evaluate their own level of social participation before and during the pandemic.

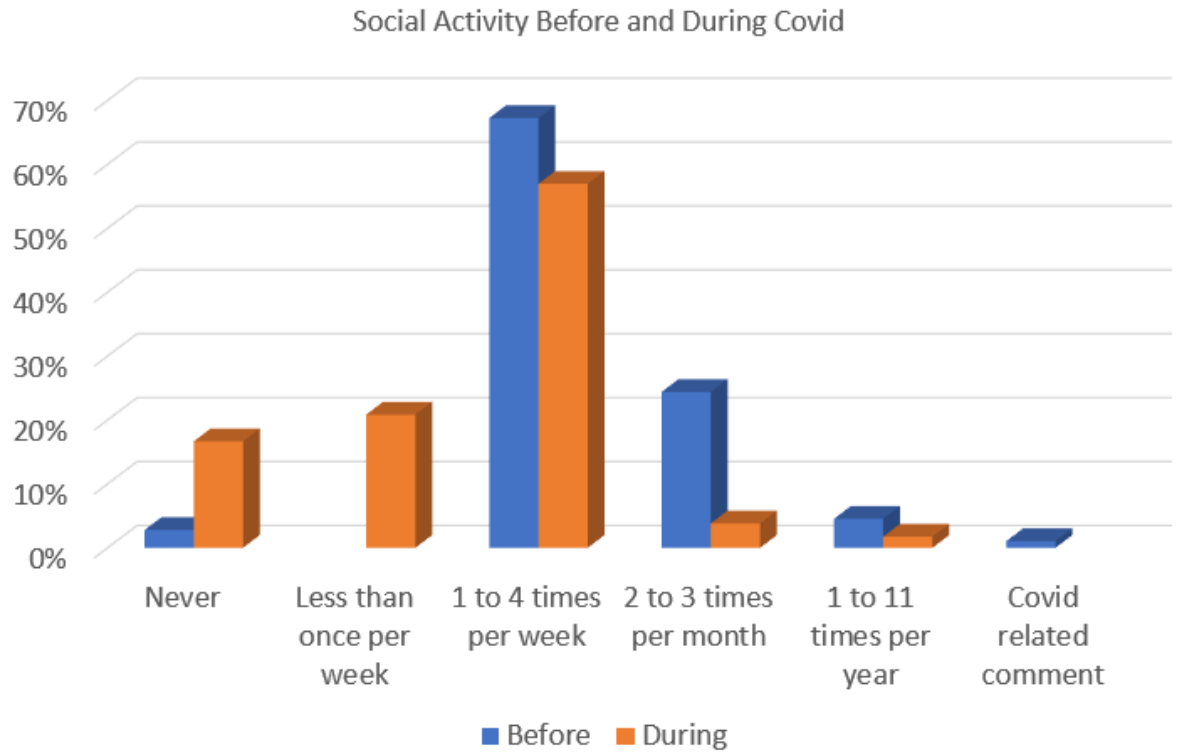


Figure 21: Social Activity Before COVID Compared to During COVID

Participants who remained socially active moved their social activities outside or online during the pandemic. There is a 14%-point increase in those who answered never to participating in social activities during COVID. The survey did not intend to understand the impact of COVID on older people's social participation. This is an area that would need to be explored further with better, more specific questions.

83% of the people surveyed still drive themselves around to appointments, while 86% drive themselves to activities.

5.3.5.6 Physical Activity

In an attempt to understand how active older people in the Laurentians evaluate themselves to be, they were asked to estimate the number of hours they spend moving. 291 respondents answered the question and almost 40% of them are active at least eight hours per week. Only 7% of respondents are not active at all. The figure beneath it breaks down the responses by age group to better understand if people are less active as they age and by postal code to determine if being in a more rural area increases the level of physical activity.

Figure 22: Older People's Level of Weekly Physical Activity

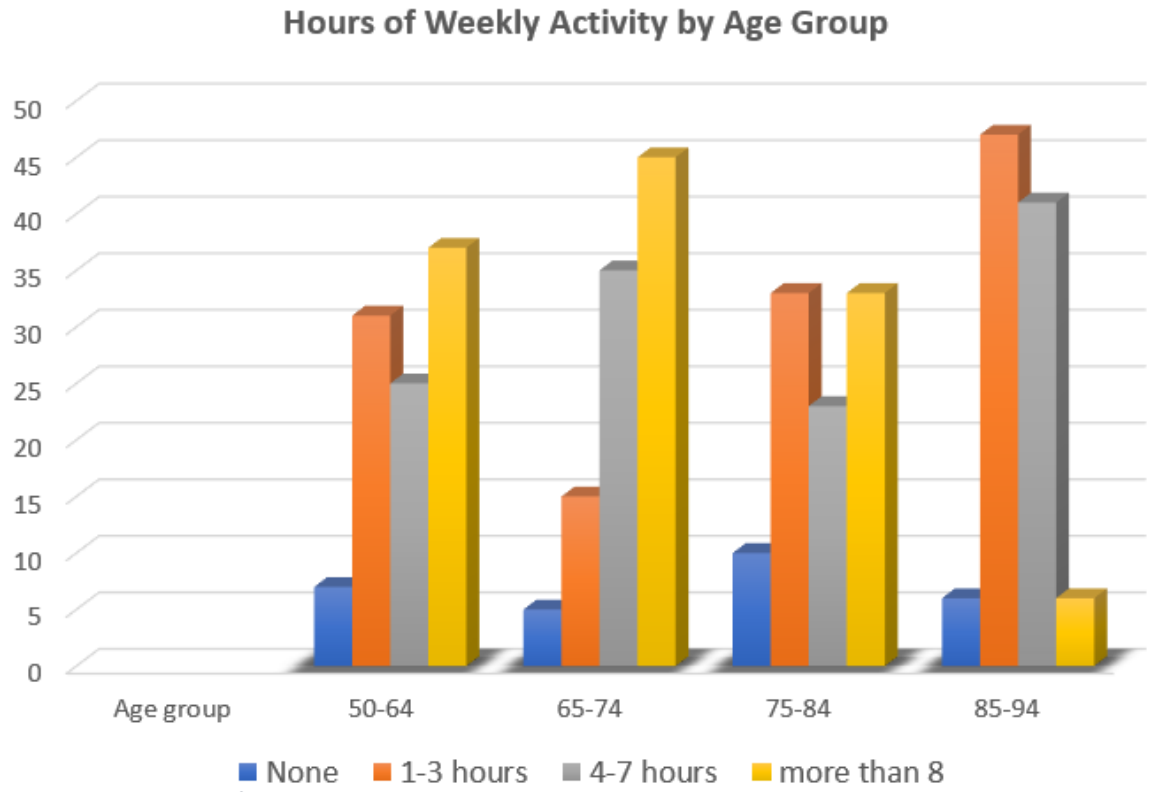


Figure 23: Hours of Weekly Activity by Age Group

Figure 23 above compares older people to those within their same age group. 45% of seniors between 64 and 75 years of age who answered this question are active for more than eight hours per week. 47% of those aged between 85 and 94 are active between one and three hours per week. The highest percentage of seniors who are not active are the respondents aged between 75 and 84 years of age.

Table 21 below provides a breakdown of percentage of people by age group and the number of hours they are active on a weekly basis, by postal code.

Table 20: Hours of Weekly Activity by Postal Code

Postal Code	*None*	*1-3 hours*	*4-7 hours*	*> 8 hours*
J7R (24 answers)	**4%**	**42%**	**38%**	**17%**
J8C (18 answers)	**6%**	**17%**	**28%**	**50%**
J0R (40 answers)	**8%**	**38%**	**25%**	**30%**
J8H (60 answers)	**3%**	**13%**	**27%**	**57%**
J0N (21 answers)	**14%**	**43%**	**29%**	**14%**

57% of people living in the Lachute area (J8H), who answered the survey question, are active more than 8 hours per day. 14% of those living in the area of Kanesatake (J0N), and who responded to the survey, are not active during the week.

Most seniors who responded to the survey, more than 60%, are not engaging in sexual relations, as per Figure 24 below. When they are, they are regularly doing so with their partner. According to the data, very few (only 2% of the respondents) are having sexual relations with people they are dating.

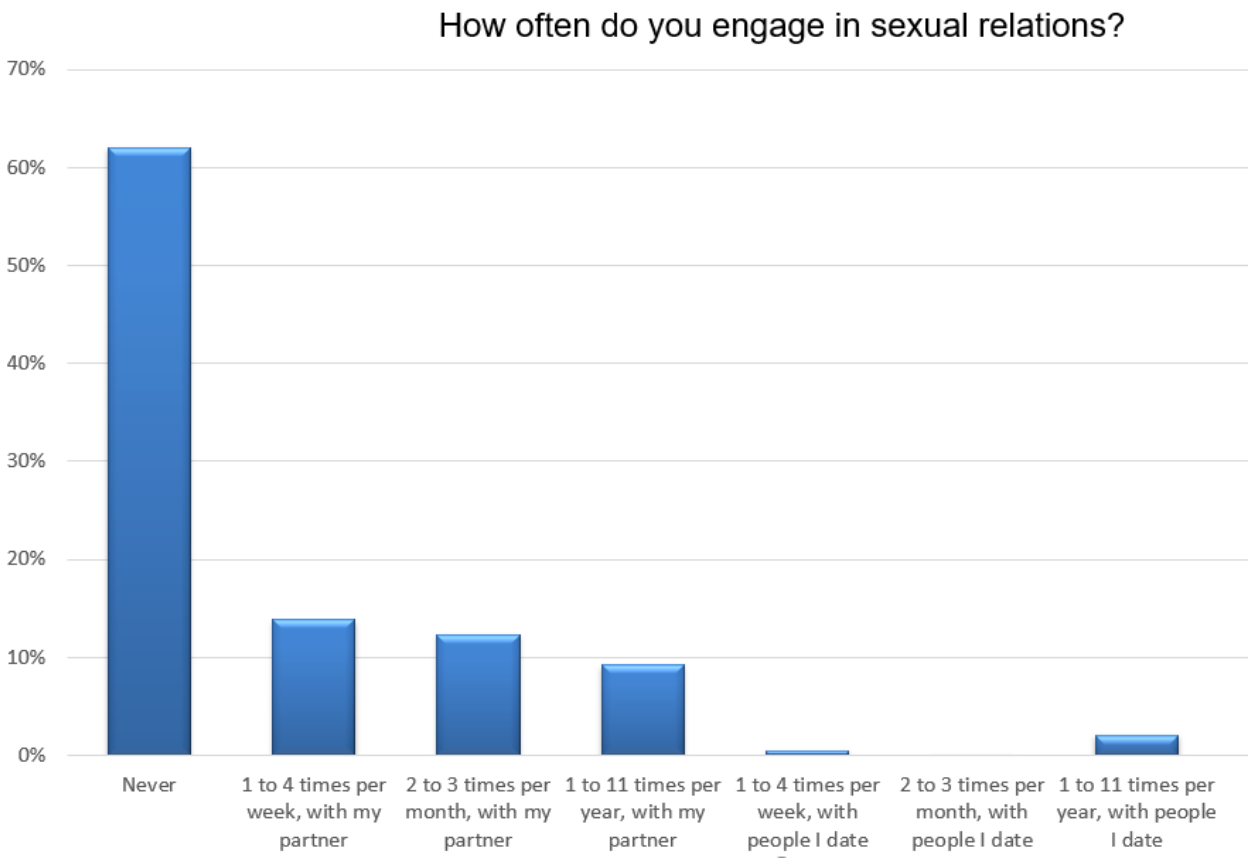


Figure 24: Frequency of Sexual Activity

The answers from 188 people were compiled and divided into age groups in Table 22below the graph. 32% of those who answered this question preferred not to answer; their answers were omitted from the calculations.

Table 21: Sexual Activity by Age Group

Age group	Never	1 to 11 times/year	2 to 3 times/month	1 to 3 times/week
50-64	38%	15%	25%	20%
65-74	55%	12%	18%	13%
75-85	81%	6%	4%	9%
85-94	100%			

The answers in the "other" category were added to the frequency table and provided insights into seniors' situations. For example, though people over 85 years of age seem to never engage in sexual relations it is due to the illnesses they have and not the lack of affection for their partner, which is exhibited otherwise. In addition, some indicated forced isolation from their partner due to COVID and being in different areas.

5.3.6 Active Aging and Age-Friendliness

In the survey, questions 41 to 50 asked respondents to consider the physical spaces in their area, their age-friendliness as well as the concept of active aging. These are concepts emanating directly from the age-friendly initiatives. Since three quarters of the Laurentians had undergone an age-friendly municipalities process, the questions and answers provided by English-speaking seniors may shed light on whether they were included in their local initiatives. They also provide a basis for understanding people's needs as they age.

5.3.6.1 Accessible Infrastructure

214 people checked off box in the survey about the buildings available in their area as well as their level of accessibility. Figure 25 below summarizes the information gathered.

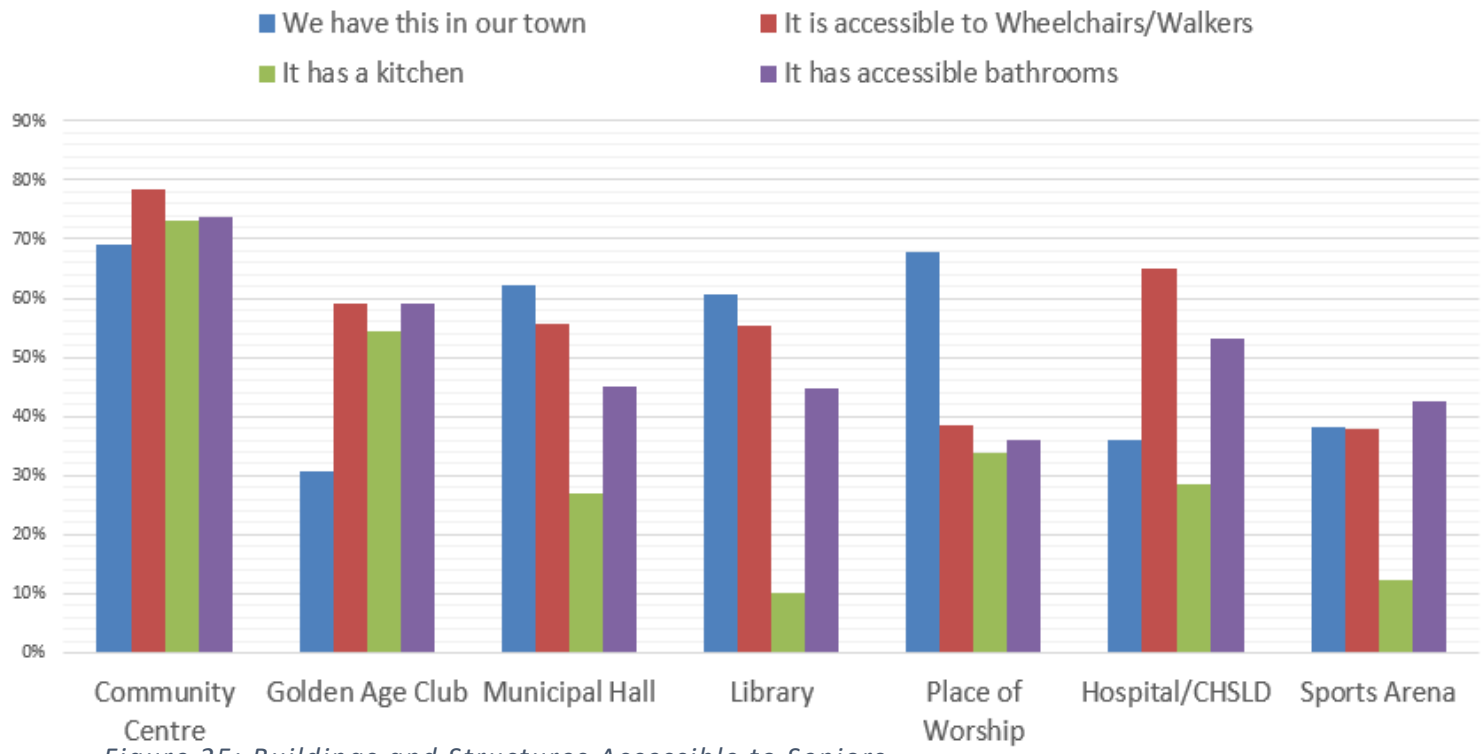


Figure 25: Buildings and Structures Accessible to Seniors

The blue bar in Figure 25 provides information on the percentage of respondents out of 214 who indicated having such a building in their area. The red, green and purple bars indicate if the building is accessible, has a kitchen and accessible bathrooms. As such, almost 70% of people live in a town that has a community centre. Of those community centres, almost 80% are accessible to wheelchairs, just over 70% have a kitchen and almost 75% have accessible bathrooms.

The 60 answers given in "other" provide information about other buildings. The answers are summarized in Table 23 below. 26 people said they did not know, or it was not applicable[11]. Several people, 15, mentioned outdoor venues such as courts, other spaces, sports, trails, market, play structures, soccer, tennis, parks (3), spaces for activities and festival spaces. Three people mentioned 4Korners' activities centres. Five people mentioned how the activities offered in these buildings are mostly in French. Two answers were related to needs: recognize seniors' organizations and organize dances.

Table 22: Other Buildings in Municipalities and Communities

# of mentions	***Venue***
9	Ice rink
6	Legion
3	Golf Clubhouse
2	Heritage
2	Horizon/Lions Club

[11] The community of Kanesatake is not a municipality and does not have the same infrastructure as municipalities.

# of mentions	*Venue*
2	Pool
1	Bowling
1	Church
1	Closed in winter
1	CLSC
1	Kanesatake Health Centre
1	Stores

An analysis of these answers (see Table 24) by postal code reveals:

- There are overlaps: one postal code may represent more than one area.
- J7R is considered an urban area as it is part of the greater Montreal metropolitan area. The answers reveal not everyone knows what is available in their municipality.
- People in rural areas, like J0R are proud to share information about their outdoor areas with almost 20% of respondents mentioning trails, and other outdoor areas that are accessible.
- People in "rural" areas consider their general area when answering this question as there is "very little" where they live.
- A community like Kanesatake, J0N, has very little infrastructure, but there is a Kanestake Health Center.

BUILDING	J7R	J8C	J0R	J8H	J0N
	NUMBER OF RESPONDENTS (IN BOLD IS TOTAL #)				
COMMUNITY CENTRE	**16**	**8**	**23**	**28**	**2**
GOLDEN AGE CLUB	10	4	0	0	0
MUNICIPAL HALL	13	6	19	19	0
LIBRARY	16	7	21	6	0
PLACE OF WORSHIP	14	6	19	19	2
HOSPITAL/CHSLD	12	7	4	10	0
SPORTS ARENA	16	7	2	8	0

5.3.6.2 What is Active Aging?

When asked about active aging, respondents wrote 231 answers which were coded. The answers where people indicated they did not know were excluded, 4%. Two answers revealed people had not thought about it yet. These were from people from 50 to 64 years of age and were also excluded.

"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."

The quote above captures the essence of the answers. It combines the social, the physical, the cognitive with the ongoing aspect which was identified by 70% of responses through phrases such as:

- Staying…
  - Healthy
  - Fit
  - Physically active
  - Mentally active
  - At home
- Being able…
- Keeping…
  - Busy
  - Active
  - Moving
    - Driving, walking

While other themes also emerged, they represented 28% of responses:

- Friends and family
- Accessing services and being respected
- Involved and belonging
- Volunteering

The ability to access any or all of these in English only represented 1% of the answers.

The remaining 1% include concerns about aches and pains and "disturbing physical changes". One person recommended making bathrooms doors easier to open and close in seniors' homes. Another person is "[c]oncerned that ER is not good. Have to wait hours (12+) if you go to St Agathe. And there is no walk-in clinic in Tremblant. This is serious. We have had to go to a private doctor in Montréal."

Figure 26 below highlights that active aging is important or very important to 92% of people 273 who answered this question.

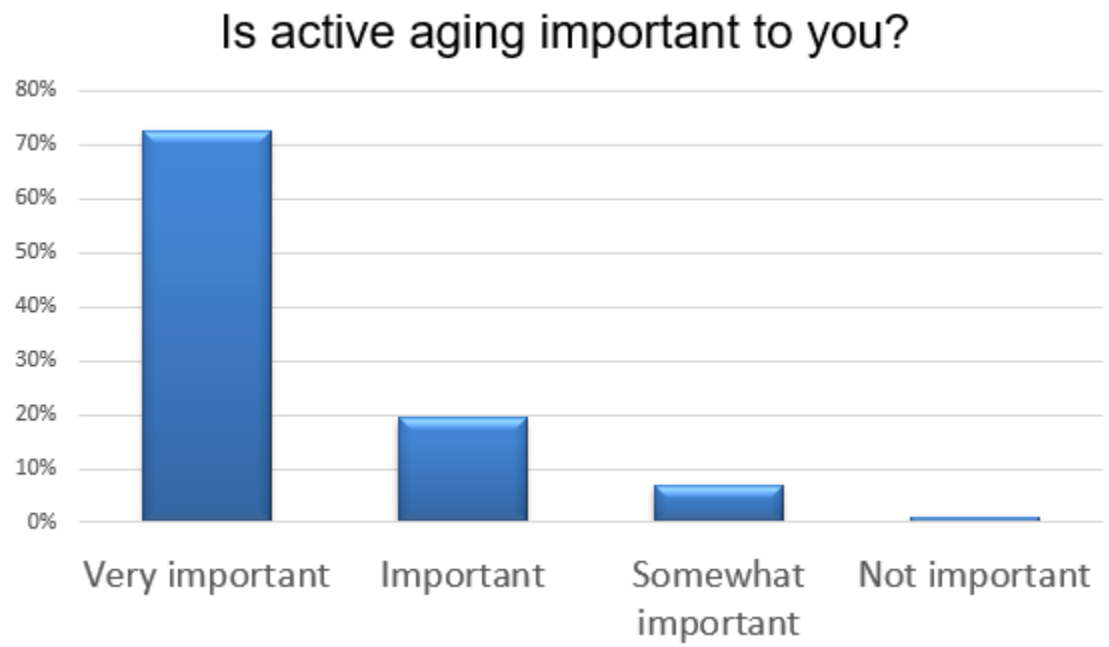


Figure 26: Importance of Active Aging

5.3.6.3 Is Your Town Age-Friendly?

278 people answered this question. In the other category, seven people mentioned not living in a town. The vast Laurentians allows people to live in the forest too. Two people mentioned language as a barrier. The other answers are presented in Figure 27.

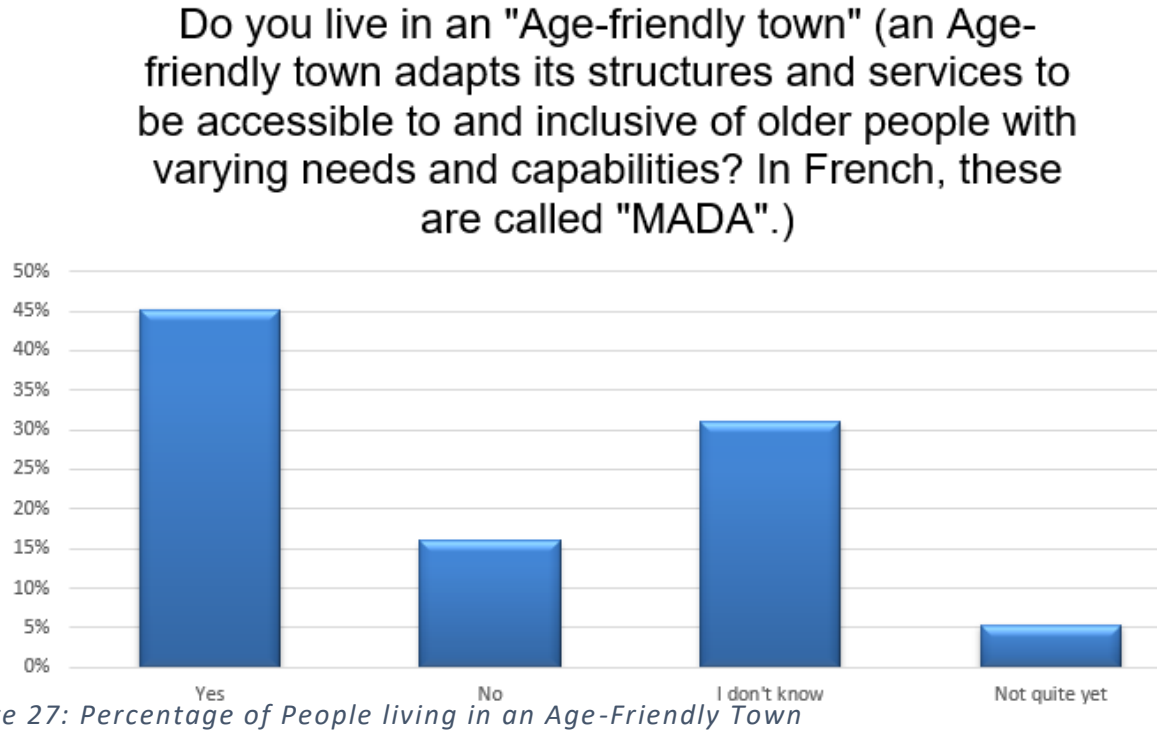


Figure 27: Percentage of People living in an Age-Friendly Town

When asked if their town or municipality had participated in the formal age-friendly process (MADA), 82% of people did not know. 17 people out of 278 confirmed their town had indeed participated and 4% of respondents had engaged as volunteers for their town's age-friendly initiative. Of these volunteers, 40% of them are between 65 and 74 years of age while 60% of them are between 75 and 84. 90% are female and 10% are male. 30% of them live in the J0R postal code, 30% in J8H. The others are scattered in other areas.

Respondents were also asked if they knew of any actions, programs or activities that may have emerged from the MADA process. Evidently, with 82% of people now knowing whether their town had engaged in the process, it was not surprising to see that 95.5% of people did not know. Of 4.5% who did know, 60% of them had participated in the process. The list of programs which emerged from the process, as identified by 4.5% of respondents are listed in Table 24.

Table 23: Age-Friendly Initiative Activities

Examples of activities emerging from the age-friendly initiative
Walking paths for seniors and anyone
Rouge Valley Days, Cafe Partage, senior lunches, carpet bowling, exercise, yoga
I believe it is through MADA that there are wellness checks for anyone who wants one.
There was a coffee get-together with games and discussion.
Food delivery, transport van
Committee for Seniors and Families, better understanding of needs, it paid for some activities and equipment. Not enough funding fir everything but some improvements
Rouge Valley Days and continued financial support from the local municipalities for the community centres and the programs sponsored by them.

5.3.7 Seniors' Needs

Several questions sought to better understand seniors' needs now and in the future. The first ones were linked to questions around the age-friendly initiative and others were independent of them. The answers provided are summarized in the figures and tables below.

Respondents were asked if they think implementing a MADA program in their town would be beneficial and if so, what need would it meet. The answers were

grouped by theme and percentages allocated based on the number of mentions, as per Table 25.

Table 24: What Needs Would be Met by Implementing an Age-Friendly Initiative?

% OF MENTIONS	ANSWER TO WHAT NEED WOULD BE MET BY BEING AGE-FRIENDLY
29	Don't know
20	Activities (space for activities, active living, exercise machines, pool, programs)
8	Other (banking, depends, jobs, purpose, residence, locally, quality of life at home, snow removal, home assessment)
7	Information
7	Participation (belong, involved, participate)
6	English (activities, volunteering, website)
6	Social
5	Future (medical support, needs, needs met, services)
5	No Needs
3	Safe environment
2	Autonomy
2	Transportation

Following this reflection, respondents were asked to reflect on recommendations for actions to be implemented in their community. Answers were varied. Most of the 176 responses, 14%, ranged from did not know to not applicable, answers which appears at the top of the list in many of the questions related to needs. The other needs are grouped in three categories: recommended several times (9% to 12), recommended a few times (4% to 8%) or recommended infrequently (1% to 3%).

Table 25: Frequency of Recommendations for Actions to Implement in Municipality

Several Times	A few times	Infrequently
Physical/local/accessible activities	Transportation	Housing/affordable/local housing
English/bilingual (services/homecare/council reps)	Safe environments/senior accessible sidewalks/buildings and facilities (community center)	Community meals/"meal on wheels"/food security

Several Times	A few times	Infrequently
Information about activities and services	Social activities	Trails/outdoor walking/parks
	Workshops/presentations/lectures	Outings
	Maintenance list (trustworthy tradespeople, handymen, chores)	Local shops: banking, grocery, depanneur
	Local/better/accessible medical/DR services/clinic	Outdoor entertainment
	Other (each answer was recommended once)	Online sign up/info for English activities
	Visits/calls to check in	Homecare (more, affordable)
		Increase Elder participation (decision-making and activities)
		Info on aging

When respondents were asked what would program, service or activity would most benefit their community or municipality, 2% of respondents said there were no needs in their municipality while 19% stated they did not know or it did not apply. These responses were removed leaving 168 answers, which were grouped into five categories:

1. Activity related, which includes 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 related, which includes transportation, safe environments for walking and biking, pool, housing, internet, a space for seniors and local stores (banks or grocery).

3. Related to staying home, which includes 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. Related to communication, which includes information about programs services and activities, services in English and government support.
5. Health related, which includes access to local health services, such as a clinic, Indigenous healers, nutrition on a budget, mental health services.

Table 26: Breakdown of Programs that Would most Benefit one's Municipality

TYPE OF RESPONSE	% OF MENTIONS
1. ACTIVITY RELATED	47
2. **INFRUSTRUCTURE RELATED**	20
3. RELATED TO STAYING HOME	13
4. RELATED TO COMMUNICATION	12
5. HEALTH RELATED	8

Participants were then asked what their municipality or community would need to implement age-friendly actions. Their responses are grouped by theme below.

Table 27: What Does Your Municipality Need ?

% OF MENTIONS	NEEDS
23	Not applicable
15	Financial
11	Communication
7	Committee/social
7	Facilitator/liaison person
7	Language barriers removed
5	Activities/participation/programs/workshops
5	Transportation
4	Having purpose/volunteering
3	Motivation/participation
2	Building/space for seniors/residence
2	Environmental support/safe environment
2	Services
2	Homecare/maintenance/in-home visits
1	Assistance

% OF MENTIONS	NEEDS
1	Future Needs
1	Housing/residence

When first analyzing the data presented, the responses were simply categorized by themes and validated. Upon reflection, these themes resemble the topics proposed by WHO as presented in section 3.4.1 and Figure 3. The data from the survey responses can be regrouped using the following categories:

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation
5. Respect and social inclusion
6. Civic participation and employment
7. Communication and information
8. Community support and health services

5.3.7.1 Anticipating Future Needs

The responses to questions presented in this section relate to future needs. Respondents were asked to consider the next five to ten years and try to anticipate their needs.

First, people were asked if they expected to remain in their homes.[12] Figure 28 clearly shows people plan on staying in their home, with 85% out of 228 respondents confirming it. Of the 4 answers in the "other" section one said they are already in a residence; one is overwhelmed by having to sell and downsize and the two others hope to be able to stay in their homes.

[12] The survey failed to ask if people were currently living in their home or in residence. This will be highlighted in the limitations section. Based on answers received, most respondents currently live in their home with only a handful of people currently living in a seniors' residence.

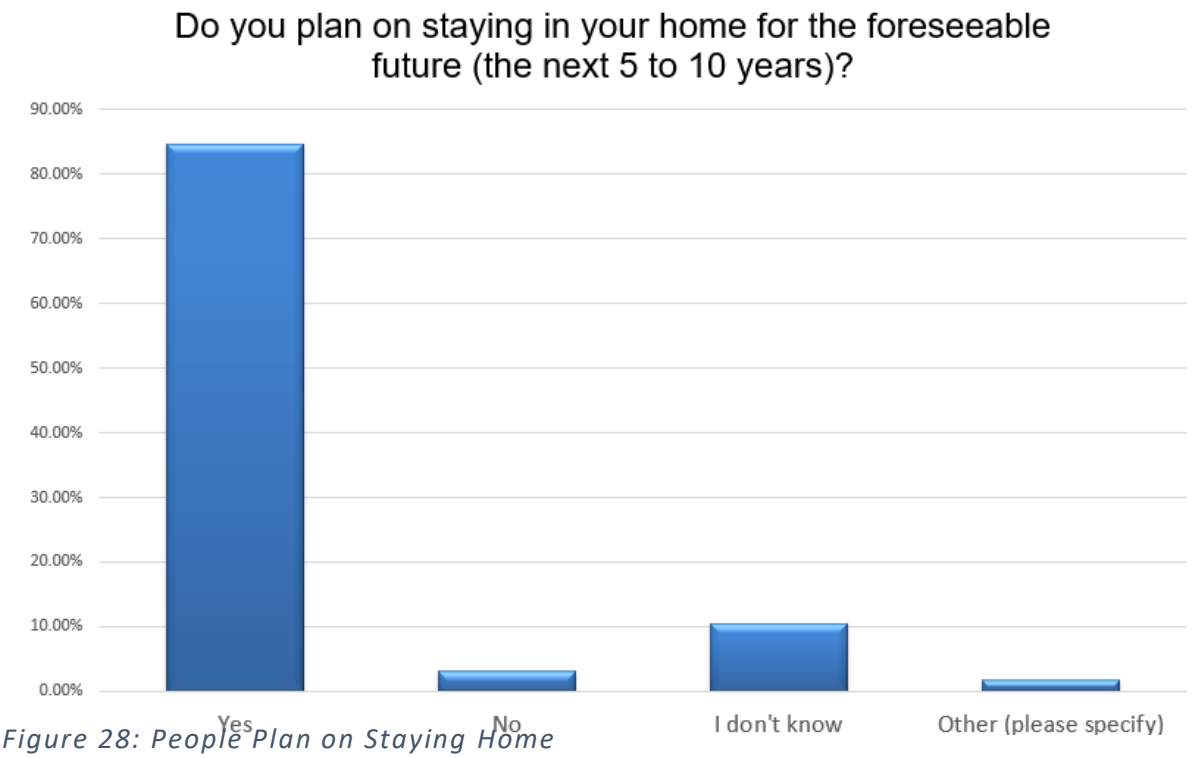


Figure 28: People Plan on Staying Home

Then, respondents were asked to identify what they think they may need in order to remain in their home for the next five to ten years. Figure 29 presents the distribution of 174 responses.

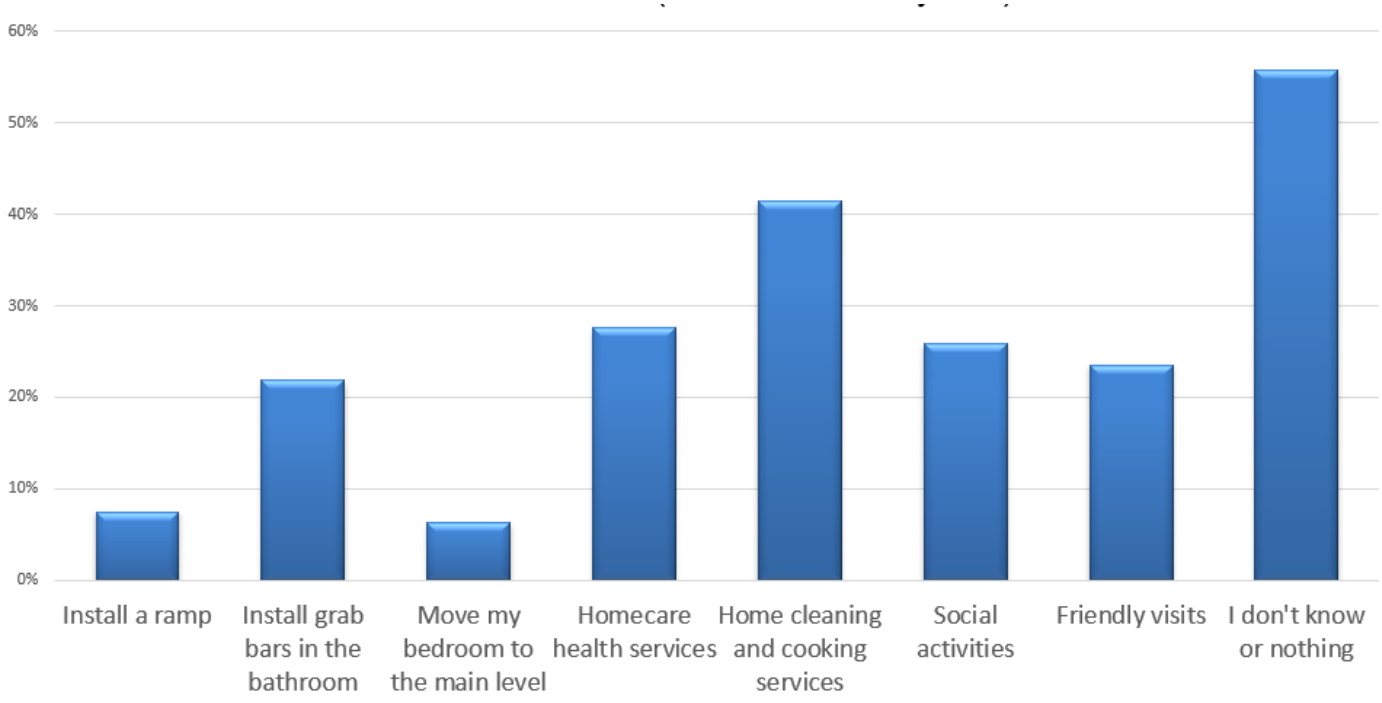


Figure 29: What is Needed to Stay in Your own Home

The 35 "other" responses from the question about needs to remain at home are categorized in Table 29 below.

Table 28: Other Items People Need to Remain in Their Homes

% OF MENTIONS	TYPE OF NEED
29	Home Services to stay home/maintenance
10	Accessibility of home/downsizing/relocating
7	Staying healthy, fit and social
7	Transportation
1	Financial

Thirdly, respondents were asked to rank the options related to leaving their home from 1, best option, to 8, least likely option. The options and how the 199 respondents ranked them are presented in Table 30.

Table 29: Where People Would Move if Home was no Longer an Option

OPTION: I would move…	**% of people who ranked them as…**							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
…in with my child.	24	11	6	6	8	6	11	**29**
… into a private seniors' residence in my area.	**33**	**26**	15	11	6	4	3	1
… into a private seniors' residence in the Laurentians.	7	25	**22**	19	14	8	4	2
… into a private seniors' residence outside of the Laurentians.	13	11	**22**	**23**	12	8	8	3
… into a government subsidized unit in my area.	18	9	14	11	**24**	14	5	5
… into a government subsidized unit in the Laurentians.	3	15	5	13	16	**24**	18	6
… into a government subsidized unit outside of the Laurentians.	3	3	7	7	10	**24**	**23**	23
…into a coop I create with my friends and hire health care services.	25	9	8	7	6	1	16	28

The table highlights the most popular options. Most people, 33%, plan on moving into a private seniors' residence in the Laurentians if they can no longer stay in their homes. The least popular option, for 29% of respondents, is moving in with a child.

The breakdown by most popular option, by postal code is provided in Table 31.

Table 30: Moving out of One's Home: Most Popular Option by Postal Code

OPTION: I would move…	% of people who chose it as the best option, by postal code…				
	J7R	J8C	J0R	J8H	J0N
…in with my child.	33	38			50
… into a private seniors' residence in my area.			33	42	
… into a private seniors' residence in the Laurentians.					
… into a private seniors' residence outside of the Laurentians.					
… into a government subsidized unit in my area.					
… into a government subsidized unit in the Laurentians.					
… into a government subsidized unit outside of the Laurentians.					
…into a coop I create with my friends and hire health care services.		38			

- Of the nine respondents from J7R, 33% of them plan on moving in with a child.
- Of the eight respondents from J8C, 38% would move in with a child and the same percentage would create a coop.
- 33% of the 18 respondents from J0R would move into a seniors' residence.
- 42% of the 26 from J8H would move into a seniors' residence in their area.
- 50% of the 10 respondents from J0N would move in with a child.

75 respondents went on to specify other plans they have for themselves, should they no longer be able to stay in their homes. Three people, who mentioned fears related to moving into public facilities following the COVID situation. Their answers were not tallied in Table 32. The 38 people who answered they did not know or had no plans were not tallied either. It is, nonetheless, telling that almost 30% of respondents do not know what they would do if they had to move out of their homes.

Table 31: Options When Staying Home No Longer Possible

Option	***% of mentions***
Downsize (in same area)	26
Move: to city or out of province (close to services)	17
Hire homecare to stay home	15
Move with: family or friend	10
Residence (with good food)	10

Option	% of mentions
Move close to family	8
Assisted Dying	6
Close to English medical services	6

26% of responses expressed downsizing to another home or apartment in the same community as a response to not staying in one's home. 17% expressed needing to leave the area to be closer to services. In some cases, those services would be in English and in others closer to family who can support. 15% expressed a desired to remain at home with appropriate services in place. These services would be affordable and enable those wishing to stay home the opportunity to do so. These may be maintenance services for projects or personal care assistance. 6% of responses made mention of the importance of services in English so that older people can understand.

208 people expressed their concerns about aging and their coded answered are presented in Table 33. One percent of people mentioned wanting information on aging and is not included in the table. Four percent of answers state the respondent is not worried or does not think about aging and these are not included below.

Table 32: Aging Related Fears

Theme	%
Loss of health (physical or mental)	28
Loss of autonomy	23
Loss of mobility	9
Not being able to drive/travel	8
Staying home (residence/maintenance help)	7
Isolation	7
Fears (falling, general anxiety, being in pain)	3
Lack of healthcare/services (access, too far, in a timely manner)	3
Dying before loved one/losing loved one or caregiver	2
Lack of finances	2
Assisted dying at home	2
Language related concerns	1
Loss of dignity/being abused	1

Loss of abilities were expressed as a concern in more than 50% of responses. Not being able to drive is also seen as a loss of autonomy in some ways, thus bring the category of loss to 68% of responses. Once again, not being able to stay home is a great concern expressed. Several times over the course of the survey, respondents expressed a desire to be able to access reliable, trustworthy services enabling them to remain home as long as possible, and in most cases, as will be seen in the next set of responses, until death.

182 people provided answers to help understand what would ease these fears.

Table 33: Themes to Ease Worries About Aging

Theme	***%***
Not sure/nothing	19
Accessible services: health care, local, in English, compassionate and caring	14
Staying home: home care, maintenance, someone to care, lifeline	12
A support system: friends, family community, visits	11
Remaining autonomous: active, healthy	11
Other: not aging, magic pill, knowing God, covid, self-driving cars	10
Funds	6
Dying: assisted, with dignity	4
Being better informed	3
Transportation	3
Housing: residence, local, affordable, with activities	3
A plan for the future (will, funeral)	2

The survey may have pushed some respondents to reflect on topics they had, until the survey, not given much thought. A quick search, intending to reveal if the one who had not given these questions much thought were between 50 and 64 years of age revealed there are no commonalities among these respondents. And all of them are over 65 years of age. References to English services appeared in 6% of responses.

When asked what they had seen their family or friends experience as they aged that they would like to see more of, 162 respondents' answers were coded, and the following themes emerged. Four respondents found the question vague and difficult to understand, they are included in the "do not know/nothing" category.

Table 34: Positive Experiences Respondents Would like to see Again

Theme	%
Support: love, family, visits and community	25
Do not know/nothing	20
Housing: Appropriate, good, with activities, affordable, caring	12
Quality health care: accessible, local, compassionate, in English	12
Stay home: in home care (public), palliative, end-of-life	11
Activities: exercise, social, in English, learning	10
Other: declutter, travel, transportation, information, autonomy	10

Table 35, which summarizes answers from question 60 from the survey, "What have you seen your parents, friends or family experience that you would like to see more of ?" is the first where the word love appeared regularly, five times. The word caring appeared four times. Reference to English services appears in 4% of responses. The words compassionate care had appeared before, but this question seemed to illicit emotions about a world that existed when their parents aged, and people cared for one another.

There seemed to be an eagerness to see people in the answers provided. This may be a reflection of the pandemic and imposed restrictions, as most people in the Laurentians were unable to see people in their homes or elsewhere. Respondents were looking forward to seeing people again.

Then, respondents were asked to express what they saw that they would like fixed before they age more or need those services. 159 people answered. When the 38 answers with "I do not know" or "nothing" were removed, the remaining answers made the themes in Table 36 emerge.

Theme	%
Better housing residences locally	20
Health and social services: compassionate, timely and local	18
Affordable or public home care to stay at home and be independent	16
Isolation	9
English services	9
Plan for the future: estates, legal, finances	8

Theme	%
Other: transportation, elder abuse (ageism), info on aging, kindness address world problems (climate, equity, racism)	7
Activities	7
Assisted dying	5

For some, this question elicited quite a response, possibly given the sociosanitary situation. “You're kidding, right? I would rather die than go into a government long-term care facility. That's not going to be fixed.” The idea of aging at home is on many older people’s minds. However, the need to go into long-term care at some point is one they would like addressed now, especially after the poor image of long-term care facilities that emerged with COVID. Throughout the survey, older people mentioned wanting to stay in their community or municipality, even if they must downsize or move into a residence.

Almost 50% of respondents who mentioned activities emphasized their appreciation for online activities. During COVID, they were introduced to Zoom and have been able to participate more from home. This is something they would be happy to see continue for certain activities.

5.3.7.2 Topics not Addressed in the Survey

In one of the final questions, respondents were asked if there was anything the survey did not address but should have. 48 answers provided insight into people’s needs as they age, from their perspective. Some highlighted the lessons learned, which will be explored in a subsequent question and others provided insight into the experiences of English-speaking seniors in the Laurentians. One person wrote, “[…] I chose to move to a uniquely francophone area in Quebec in order to become bilingual. I have now been here for 30 years and am fully bilingual […]. What I didn't know about this process, was how much a hit to one's self-esteem it takes to become bilingual in Quebec, nor that you always feel that you don't belong here. […] I really do miss the connection to my native language and to the people who speak it.”

The answers were grouped into four categories: information needs, 14%, positive comments, 10%, recommendations, 27% and specificities to ask next time, 45%. Of

course, 4% of answers, in true Canadian form, were apologies for not answering all the questions. In the positive comments section, people appreciated the survey with one special shout out to 4Korners' team member. Several people suggested more information should be available in English on a weekly basis, so people know how to access activities or services. They also suggested there be information on aging and being ready to do so. The recommendations offered by respondents are note worthy:

- Redo the survey regularly,
- Public care for dental, eyeglasses and physiotherapy
- Intergenerational trauma healing for Elders with a psychologist
- Speak to seniors in English, especially in their own homes
- A community liaison who knows about services and programs to help seniors in each town
- More local English services, more services
- Seniors teach each other
- Communicate in bold
- Loving care
- One on one interviews instead of long survey
- Online crafts lessons.

Most of the people who responded to this question offered suggestions for questions that should have been asked. The ones who were repeated more than once are paraphrased below.

- Do you have a family doctor?
- How long have you been waiting for a doctor or a service?
- Do you have pets?
- What are your thoughts about end-of-life choices?
- Do you volunteer?
- Tell us about accessing services in English.
- Do you live with a disability?
- Always include a "not applicable" or "I don't know" option for all questions.

These suggestions lead us into the limitations of this project, which will lead to the conclusions, recommendations, and future research considerations.

6 Conclusion and Recommendations

This final section of the Seniors' Needs Assessment groups the lessons learned, recommendations, future research consideration and the conclusion. The recommendations stem for the responses received as well as from a discussion with the SNAC.

6.1 Limitations

6.1.1 The Sample

Though the Seniors' Needs Assessment never intended to be a thorough statistical analysis of the needs of English-speaking seniors in the Laurentians, the SNAC sought to reach a representative sample of English-speakers. The methods used to distribute the survey limited the sample size as well as its representativity. The distribution was done through the 4Korners network, online. This limited the respondents to those who are not only at ease in a digital world but have high level digital literacy skills. In addition, the sample is more educated than the average for seniors in the Laurentians and may not truly be representative of the entire region.

There were attempts to reach more isolated seniors, namely by asking seniors who completed the survey to suggest people they know. This method did not yield the expected results. Additionally, men were underrepresented in the sample.

6.1.2 Data Collection

COVID limited data collection to online forums. Answers provided would have been richer and more complete had one-on-one interviews been possible.

Lists of English-speaking seniors are restricted to elected individuals who cannot share them. Resources were limited thus making it impossible to create such a list then deploy a team to call seniors individually.

The survey was opened to the public for a short period of time. This may have limited the possibility of having municipalities include the information in their municipal bulletins, which are released monthly, or in some cases, seasonally.

6.1.3 Questions

Respondents shared questions the survey could have asked. In addition, in the spirit of understanding seniors' health situation, adding the following lifestyle questions would have provided a better portrait of the situation:

- How many fruits and vegetables do seniors eat?
- How often do seniors consume tobacco, alcohol or drugs?

The questions also assumed seniors were still living at home. However, at least one respondent stated she was already living in residence. A question about where seniors currently live was missing.

Respondents expressed that some of the questions were confusing. Testing the survey with seniors with different levels of literacy would have enabled adjustments to ensure the questions were clear for a larger number of seniors. In addition, some of the more elaborate tables were complicated and may have been completed differently than they were intended. Thus, the data analysis may not be an accurate reflection of what people were trying to express.

People over 50 have many different diagnoses. The information gathered is based on seniors' own perceptions. The analysis of comorbids must consider the inherent bias considering individuals' medical files were not analysed.

6.2 Future Research

Data gathered from this survey is extensive. 192 respondents consented to allow 4Korners to keep this data and use it for future health surveys about the elderly population. Deeper analysis of the answers provided is possible and should be considered.

Additionally, the effects of COVID were mentioned in answers, but it is an area that would need to be explored further with better, more specific questions.

Future research should attempt to delve deeper into some of the concerns mentioned by seniors around the fears related to aging, using local services and moving out of their homes. Questions like, "Why do you want to remain in your home?" will clarify the needs underlying the fears and enable service providers to

address these in future projects. Additionally, older people should be consulted on all future research and before projects are created for them.

Respondents suggested this type of survey can be done every few years. With the rate at which the population is aging, the rate at which their needs change is accelerating. Regular surveys to English-speaking seniors would ensure their needs are not forgotten.

6.3 Recommendations

Respondents provided recommendations throughout the focus groups and the survey responses. Additionally, recommendations were formulated throughout the data analysis and validated by the SNAC. The results are the following seven recommendations.

Recommendation 1:

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

56% of people between 50 and 64 years of age turn to Facebook for information about activities. Older people rely on their friends to share information, on their municipality and hear about it on TV. Information about aging, activities, or where to find such information, should be shared weekly, in English.

- A resource person, knowledgeable in all programs and activities for older people, should be available to answer requests from seniors, in English, by phone.
- 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.
- Information should be accessible to all older people including those with hearing or visual losses and different levels of literacy.
- Information on aging and what to expect should also be made available in English.
- All health-related documentation must be made available in English, whether or not an institution is designated as bilingual.

Recommendation 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.

Respondents clearly indicated they want to stay in their homes. Having younger people available to take care of chores that become more difficult would enable them to stay in their homes longer, knowing these chores will get done. This type of partnership may be arranged with vocational training centers thus enabling older people to have local, able "handy people" to make small repairs in their homes.

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.

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.

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.

Recommendation 3:

That communities, municipalities or RCMs create "Senior Housing Think Tanks" to reflect on housing solutions with older people.

Respondents provided creative and innovative solutions for when they must move out of their homes. For many, the idea of having to leave their community was more daunting than simply having to downsize. These types of solutions must be built together with older people, municipalities, private companies as well as the public health system to ensure expertise is shared and services for seniors are built in. Some ideas include:

- Converting part of resorts to residences for seniors. This provides a guaranteed income for the resort while allowing seniors to remain in their community.
- Groups of older people creating coops in their community.
- Alternative housing like the "Alzheimer's Farm" is making it possible for seniors with different abilities to live in a safe, family-like environment.
- Old motels can be converted into multiple units for seniors with common spaces built in the center.
- Rural municipalities have farmhouses and barns that can be converted into multiple residences for seniors.
- 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.

Government funding should be made available for projects emanating from these think tanks. This funding should not be based on the size of the project, but equally available for small projects in rural areas as it is for larger projects.

Recommendation 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.

Organizations working with regional health authorities must continue to lobby for services to be offered in English and in all regions, not penalizing people for living in rural areas. It was recommended these services, including personal care (bathing), nursing, professional services and medical services, be all 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.

The regional health authorities are cognizant of the need to offer more proximal services. 4Korners and other organizations working with them must collaborate to ensure these services are also developed in English.

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.

Recommendation 5:

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

The SNAC asked, on several occasions, if a list of English-speaking seniors is available to ensure no seniors are missed in this survey. Such a list should be created 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.

Respondents also suggested expanding the program offered by *Les Petits Frères* or creating an "adopt-a-grandma" program for the English-speaking community.

Recommendation 6:

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

Health care services and residential options should not cause fear in the people they are attempting to serve. This is true for the entire population and especially true for older people who speak English or who are from Kanesatake. 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.

Recommendation 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.

Several respondents expressed appreciation for activities offered in English, both locally and online, as well as appreciation for staff who make efforts to offer

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

6.4 Conclusion

4Korners sought to understand the needs of English-speaking seniors in the Laurentians and commissioned a seniors' needs assessment. The focus groups and survey responses provided information on seniors' needs. 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 impacted 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. There is still much that can be learned about the aging population of English-speakers in the Laurentians. The Seniors' Needs Assessment provided a good base of general research for future research to build upon.

7 Appendices

7.1 Focus Group Questions

Question 1:

What services do you need?

Question 2:

What are you worried about for the future?

Question 3:

What type of programs, activities or health care services would you like to see more of? What would ease your worries?

Question 4:

What is most important to you?

7.2 Online Survey

The survey is too long to include as an appendix. Please click on the link to view the survey questions: SURVEY in ENGLISH.

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