



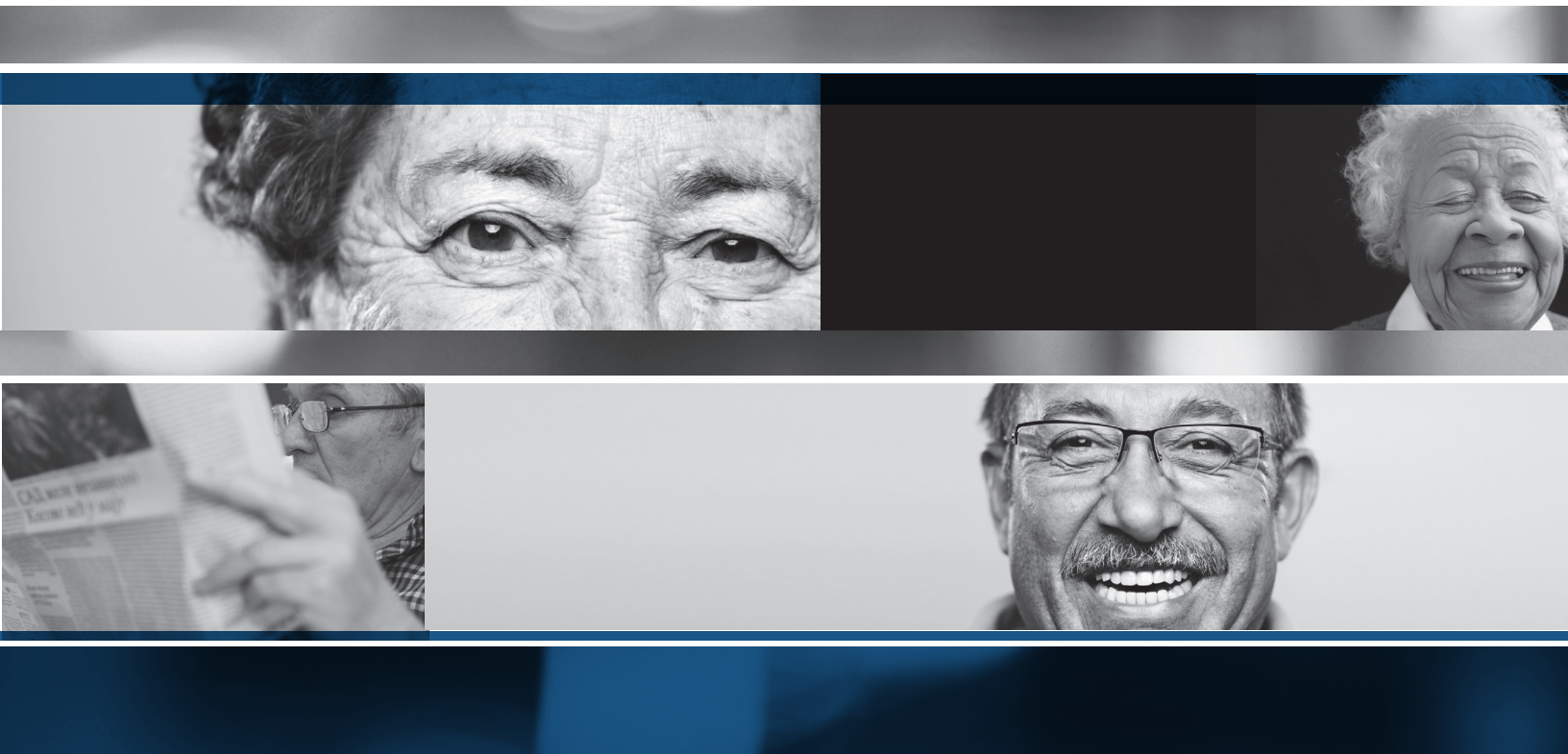
Office of the  
Commissioner of  
Official Languages

Commissariat  
aux langues  
officielles

# ENJOYING YOUR SENIOR YEARS IN YOUR OWN LANGUAGE, CULTURE AND COMMUNITY

Federal support from key institutions and  
a portrait of English-speaking seniors in Quebec

**NOVEMBER 2013**



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We thank Dr. Pocock for her diligence, professionalism and patience in conducting her mandate.

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## 1. INTRODUCTION

### 1.1. OBJECTIVES

This exploratory study has two main objectives. The first is to describe federal support in terms of policies and programs that concern seniors in general and in both English- and French-speaking official language minority communities (OLMCs). The second is to provide a data-based portrait of the situation of Quebec's English-speaking seniors. For this second objective, the study asks these questions: Where are the English-speaking seniors in Quebec? Who are they? Who cares for them? What services do they have access to, and how do they use those services?

We hope that this study will help OLMCs (including the new Seniors Action Quebec, the province's advocacy network of English-speaking seniors) as they seek support from federal institutions.

As well, the data-based portrait presented may help federal institutions to understand Quebec's English-speaking seniors. (A similar portrait published by the Fédération des aînées et aînés francophones du Canada exists for French-speaking seniors in Canada outside of Quebec.<sup>1</sup>) This study may encourage further consultation with and about OLMC

seniors, including those in Quebec, so federal institutions will fully take them into consideration in the design of policies, programs, services and initiatives regarding seniors.

As well, this report may point out opportunities to enhance the vitality of OLMCs through their seniors' population and organizations throughout Canada.

### 1.2. CONTEXT

Population aging is a widespread trend, as indicated by the increasing proportions of seniors in most Western societies. Recognizing the importance of this phenomenon and its implications, governments have been developing policy and program frameworks to address the associated challenges and opportunities.

In Canada, considerable regional differences in population aging have been observed. However, in many regions in Canada, including Quebec, OLMCs display considerably higher proportions of seniors than does the country as a whole. In some instances, proportions of seniors in OLMCs are as high as those in Japan, which is a leading country in terms of population aging.

An initial review of seniors and aging in OLMCs—in this instance in Quebec—indicated that data and information were dispersed and fragmentary: they focused either on seniors (paying little attention to OLMCs) or on OLMCs (making scant mention of seniors). Connection between the two aspects was lacking.

Given this context and the Government of Canada's commitment under Part VII of the *Official Languages Act* (the Act) to enhance the vitality of OLMCs, as well as all federal institutions' duty to implement this commitment, the Office of the Commissioner saw an opportune time to describe the federal support available to seniors in general and to both OLMC seniors and their organizations in particular, and to provide a portrait of Quebec's English-speaking seniors.

March 2012 saw the creation of Seniors Action Quebec, a province-wide advocacy network of English-speaking seniors. At that time, the Quebec Community Groups Network also received a three-year provincial grant to conduct a participatory action-based project to involve seniors in identifying their needs and challenges. That project is being supported by the Quebec English-Speaking Communities Research Network.<sup>2</sup> It is hoped that these two recent initiatives will foster further opportunities for English-speaking seniors in Quebec.

### 1.3. METHODOLOGY

Our review of federal support focused on policies and programs relevant to seniors' organizations, rather than on services to individual seniors. Lists and descriptions of services are available on governments' and organizations' Web sites and in print publications. Appendix A lists some of these resources.

The study examined support from federal institutions that have a mandate regarding seniors (Human Resources and Skills Development Canada [HRSDC], for example) and those whose programs are relevant to seniors (such as Status of Women Canada [SWC]). Six departments or institutions were studied: Canadian Heritage (PCH), HRSDC (name of the institution at the time the study was carried out and appearing as such in this report, rather than under its new name, Employment and Social Development Canada), Health Canada (HC), the Public Health Agency of Canada (PHAC), the Canadian Institutes of Health Research (CIHR), and SWC.

The consultant reviewed federal government reports and parliamentary studies and the Web sites of the targeted federal institutions. This was followed by 17 semi-structured interviews with key informants in spring 2012 (see Appendix B for the interview questions) and a validation of interview findings in summer 2012. Interviews were conducted in the departments and institutions listed above, except for CIHR. For that institution, the information was obtained through a Web site review. The consultant identified the key informants in consultation with official languages personnel in the targeted institutions.

The demographic data about the situation of Quebec's English-speaking seniors is based mainly on the 2006 Canada Census,<sup>3</sup> Statistics Canada surveys, and other sources such as the Community Health and Social Services Network (CHSSN). Much of the census-based data is readily available from Statistics Canada. Most was compiled by the consultant.

In this study, OLMCs are defined as the populations or communities made up of individuals who have English or French as their first official language spoken (FOLS) and who live in a linguistic minority situation. Their FOLS is defined according to language-related census questions<sup>4</sup> that Statistics Canada uses to define the English- and French-speaking populations in Canada.

This study looks at people aged 65 years and older, and refers to them as "seniors" (a term that Statistics Canada uses in its publications<sup>5</sup>).

### 1.4. SCOPE AND LIMITATIONS

The study was not intended as an investigation or audit of federal institutions' compliance with regard to any part of the Act. Nevertheless, it does point out missed opportunities regarding the implementation of Part VII with regard to seniors.

## 2. INTERNATIONAL AND NATIONAL POLICY CONTEXT

To put federal institutions' initiatives regarding aging and seniors into context, this section describes relevant international and national policy documents. We also look at whether and how OLMCs (English-speaking communities in Quebec, as well as French-speaking communities outside of Quebec) have been taken into consideration in policy development.

### 2.1. UNITED NATIONS WORLD ASSEMBLIES ON AGEING

The first United Nations World Assembly on Ageing,<sup>6</sup> held in Vienna in 1982, led to the adoption of the *Vienna International Plan of Action on Aging*. In 1991, the United Nations Principles for Older Persons were adopted: independence, participation, care, self-fulfilment and dignity.<sup>7</sup>

These five principles were mirrored in Canada's National Framework on Aging (NFA), developed in 1994 by the federal/provincial/territorial ministers responsible for seniors.<sup>8</sup> In 1998, a policy guide based on these principles was produced by Health Canada as a tool for designing and reviewing policies and programs for Canadian seniors. It contained a question on whether the policy or program addresses diverse needs, circumstances and aspirations of various subgroups within the seniors' population. However, OLMCs were mentioned only as one of many subgroups.<sup>9</sup>

The second United Nations World Assembly on Ageing, held in 2002, saw the adoption of the *Madrid International Plan of Action on Ageing*. This plan, which the Government of Canada signed, focuses on three areas: older persons and development, maintaining health and well-being into old age, and ensuring supportive environments for seniors.<sup>10</sup>



## 2.2. GOVERNMENT OF CANADA'S FOLLOW-UP REPORTS

In 2007, the Government of Canada produced its first follow-up report to the Madrid Plan, *Addressing the Challenges and Opportunities of Ageing in Canada*. The report emphasized federal achievements, presented statistics on seniors in Canada, highlighted federal actions regarding seniors and population aging, and listed Canadian resources.<sup>11</sup>

The Government of Canada's second follow-up report (June 2012) analyzed the national aging situation and reviewed national actions taken to fulfill commitments, including in policy.<sup>12</sup> Below are highlights of that report.

### 2.2.1. NATIONAL AGING SITUATION

The 2012 report notes that Canada, as other developed countries, is seeing a growing proportion of elderly persons in its population: 4.8 million seniors aged 65 years and over in 2010 (14% of the total population). That number is expected to reach 10 million (nearly 25% of the population) by 2036. The report contains data on Aboriginal seniors and those belonging to other ethno-cultural groups, but none on OLMCs. However, it does mention OLMCs as one of the targets for federal government support.

### 2.2.2. NATIONAL POLICY MAKING BODIES ON AGING

In response to the Madrid Plan recommendation that aging be a mainstream consideration in all policy fields, the Government of Canada's 2012 follow-up report lists federal mechanisms and institutions that promote and support engagement in seniors' issues: HRSDC, the office of the Minister of State (Seniors), the National Seniors Council (NSC), and the Federal/Provincial/Territorial Ministers Responsible for Seniors Forum. The following are descriptions of the roles of these federal bodies and organizations responsible for Canada's policy on aging and seniors.

- HRSDC oversees major initiatives regarding seniors. It is assisted by the Minister of State (Seniors), an office created in 2007 to bring issues of concern to seniors before Cabinet, Parliament and Canadians. (See section 3.2 for information on HRSDC.)
- The NSC was established in 2007 to advise the federal government, through the minister of Human Resources and Skills Development and the Minister of Health, on questions related to the well-being and quality of life of seniors, including the opportunities and challenges of

the growing and diverse aging population. Under the responsibility of the Minister of State (Seniors), the NSC conducts research and convenes expert panels and consultations with seniors and stakeholder groups. In recent years, the NSC has reported on elder abuse, low income among seniors, volunteering among seniors, positive and active aging, seniors' participation in the labour force, and intergenerational relations.<sup>13</sup> Our cursory review of the NCS's reports reveals that various OLMC organizations took part in their consultations, mainly national and provincial seniors' organizations in French OLMCs, as well as regional organizations in English OLMCs.<sup>14</sup> One of these reports, *Volunteering Among Seniors and Positive and Active Ageing*, mentions culturally appropriate multilingual services in the following terms:

Participants noted the importance of ensuring that services provided to seniors in the community, in the home or in long-term care facilities, be provided in a culturally appropriate manner and in the seniors' language of choice.<sup>15</sup>

With regard to governance, the NCS's membership appears to be diverse, including seniors, representatives of organizations that serve the needs or interests of seniors, and experts from fields of study related to seniors and aging.<sup>16</sup> However, it is not clear whether OLMC membership is taken into consideration in the appointment of NCS members.

- The Federal/Provincial/Territorial Ministers Responsible for Seniors Forum, created in 1992, advances issues of common concern relevant to seniors' well-being and undertakes collaborative projects. It is co-chaired by the Minister of State (Seniors). In recent years, the forum has examined these issues: safety and security for seniors, financial security, healthy and active aging, and the promotion of positive images of aging.<sup>17</sup>

## 2.3. SPECIAL SENATE COMMITTEE ON AGING

The Special Senate Committee on Aging was created in 2006 to examine the implications of an aging society in Canada. The Committee released two interim reports: *Embracing the Challenge of Aging* (March 2007)<sup>18</sup> and *Issues and Options for an Aging Population* (March 2008).<sup>19</sup> It tabled its final report, *Canada's Aging Population: Seizing the Opportunity*, in April 2009.<sup>20</sup> That report contains a subsection dedicated to OLMCs and makes related observations (summarized in the following paragraphs).

### **2.3.1. SENATE COMMITTEE OBSERVATIONS ON OFFICIAL LANGUAGE MINORITY COMMUNITY SENIORS**

The Committee observed varying proportions, across the country, of population aged 65 years and over belonging to an OLMC. It noted a faster rate of aging in the Francophone population than in the Anglophone population, particularly in rural regions due to youth leaving to seek higher education and young families leaving to find employment opportunities. However, this observation does not appear to address the rate of aging in Quebec's Anglophone OLMCs.

Nevertheless, the report lists challenges that apply to all OLMCs, Anglophone as well as Francophone:

- Budgetary constraints impeding communities' ability to provide health services to seniors in OLMCs in the language of their choice;
- Absence of health and social services that are culturally appropriate to OLMCs;
- Lack of health care services in the minority language, which reduces the overall quality of care, often leading to misdiagnosis and to seniors misunderstanding the instructions for their treatment—with all of these difficulties increasing patients' anxiety levels;
- Lack of health and social services, which puts OLMC seniors at greater risk of social isolation, especially when moving to an assisted-living or long-term care facility.

On the topics of assisted living or long-term care, the Committee heard this:

For most seniors, moving to an assisted living or long term care facility is a time of sadness and anxiety. For official language minority seniors, these feelings are compounded by the fact that often these living environments only provide services in the dominant language and culture of the region. As a result, official language minority seniors experience a greater degree of social isolation, detached not only from their homes and communities, but their language and culture as well. [...] Thus for official language minority seniors, "aging in place" means not only being able to grow older in their place of choice, but also being able to live in the language and culture of their choice.<sup>21</sup>

## **3. FEDERAL INSTITUTIONS AND PROGRAMS**

Few federal institutions have specific programs dedicated to seniors, and not one of them has specific programs for OLMC seniors. However, all have obligations under Part VII of the Act, which gives federal institutions a duty to take positive measures to enhance the vitality of OLMCs.<sup>22</sup> Initiatives undertaken under Part VII have the potential to directly benefit the development of these communities. This includes supporting their seniors who, as bearers and transmitters of the minority language and culture, shape these communities' past, present and future. Therefore, OLMCs, including Quebec English-speaking seniors and their organizations, should expect the departments described in this study to take measures on their behalf.

Departments were selected for review if they had a mandate related to OLMCs (PCH, for example) or a mandate and programs dedicated to seniors (HRSDC, for example) or if they offered programs or funding that could be of interest to OLMCs or to their seniors' organizations (Health Canada and SWC, for example). For each department the following is described (in this order): support to OLMCs, support to seniors, and support to OLMC seniors.

### **3.1. CANADIAN HERITAGE**

PCH promotes official languages, citizenship and participation, and Canadian arts, culture and heritage. It also supports initiatives related to Aboriginal groups, youth and sports.<sup>23</sup>

#### **3.1.1. OFFICIAL LANGUAGE MINORITY COMMUNITY MANDATE AND SUPPORT**

Under section 42 of Part VII of the Act, the department coordinates the federal government's commitment to enhance the vitality of French and English OLMCs. It does this by supporting various groups working for these communities and by facilitating other federal departments' and agencies' involvement in their development.

As well, the department enters into agreements with the provinces and territories to provide services in English and French in regions of Canada that are home to OLMCs.<sup>24</sup>



### 3.1.1.1. OFFICIAL LANGUAGES SUPPORT PROGRAMS BRANCH

PCH's Official Languages Support Programs Branch (OLSPB, which has since become the Official Languages Branch) supports the Minister in implementing Part VII of the Act. The Branch supports groups, provinces and territories in initiatives that enhance the vitality of OLMCs, and it encourages other federal institutions to do so as well.

A Community Life component enables the federal government and partners to offer OLMCs access to services in their own language, as well as infrastructure for their growth and development. The Community Life component comprises the following four sub-components:

- Cooperation with the Community Sector;
- Intergovernmental Cooperation on Minority-Language Services;
- Strategic Funds; and
- The Community Cultural Action Fund.

Details on objectives and on application and implementation requirements are available at [www.pch.gc.ca/pgm/lo-ol/pgm/dclo-vc-eng.cfm](http://www.pch.gc.ca/pgm/lo-ol/pgm/dclo-vc-eng.cfm).

### 3.1.2. SENIORS MANDATE AND SUPPORT

PCH does not have a specific mandate, policies or programs dedicated to seniors. It works with OLMCs through grants and contributions program support. It may support seniors' groups in the same way it supports other organizations.

Nevertheless, a representative of the OLSPB is a member of the Interdepartmental Committee on Seniors chaired by HRSDC and provides official languages input on policy discussions that affect seniors.<sup>25</sup>

### 3.1.3. OFFICIAL LANGUAGE MINORITY COMMUNITY SENIORS SUPPORT

Seniors' groups are eligible for funding, since they play a key role in community life. As one informant told us, they "bring experience to the community and [make] a positive contribution to community vitality."

National organizations such as the Fédération des aînées et aînés francophones du Canada have been receiving support from PCH for a number of years, as have Francophone seniors' associations in many provinces. These organizations have received regular core funding from year to year and may also receive funding for special projects.

Until spring 2012, no organization in Quebec had a specific mandate to serve the interests of English-speaking seniors province-wide.<sup>26</sup> Nevertheless, organizations such as the Quebec Community Groups Network, the English-Speaking Catholic Council, and the Coasters Association, which advocate on behalf of seniors and offer services or cultural activities for them, have received funding. Because these groups provide services to seniors as part of their regular activities, it is difficult to identify how much of their funding is dedicated to seniors. Also, over the five years that one informant referred to, PCH's Quebec Regional Office had funded nine projects targeting English-speaking seniors or intergenerational projects, with total funding of \$375,000.<sup>27</sup>

## 3.2. HUMAN RESOURCES AND SKILLS DEVELOPMENT CANADA

HRSDC delivers programs to enhance the Canadian population's skills and competencies in order to increase Canada's competitiveness in the labour market and thus increase its citizens' well-being. Its grants and contributions fund other orders of government and organizations to support projects that meet Canadians' labour market and social development needs.

Service Canada and the Labour Program are also under the responsibility of HRSDC. Service Canada helps Canadians access the Department's and the Government of Canada's programs and services, including those for individual seniors, such as the Canada Pension Plan, Old Age Security, and the Guaranteed Income Supplement.<sup>28</sup>

### 3.2.1. OFFICIAL LANGUAGE MINORITY COMMUNITY MANDATE AND SUPPORT

The key vehicle by which HRSDC supports OLMC organizations is the Enabling Fund for Official Language Minority Communities. This component of the *Roadmap for Canada's Linguistic Duality 2008-2013: Acting for the Future* has been maintained in the new roadmap for 2013-2018. Under the 2008-2013 Roadmap, the fund's main objective was to enhance the development and vitality of OLMCs by strengthening their capacity in the areas of human resources and community economic development. The renewed enabling fund will support community leadership and local capacity in identifying barriers to growth and in acting on development opportunities. Funding has been granted to not-for-profit organizations that provide leadership in economic and human development matters on behalf of OLMCs in their province or territory.<sup>29</sup>

In Quebec, this organization is the Community Economic Development and Employability Corporation (CEDEC), with its nine Community Economic Development and Employability Committees in Anglophone communities in Quebec's regions.<sup>30</sup> (The equivalent organization for Francophone OLMCs is the Réseau de développement économique et d'employabilité).

### 3.2.2. SENIORS MANDATE AND SUPPORT

HRSDC plays a central role with respect to Canadian seniors. At the policy level, the Department is a focal point on seniors and population aging issues. It leads in the development and design of seniors-related policies by engaging with partners, providing policy analysis, and supporting the Minister of State (Seniors), the NSC, the Federal/Provincial/Territorial Ministers Responsible for Seniors Forum, and the Interdepartmental Committee on Seniors.<sup>31</sup>

Through its New Horizons for Seniors Program (NHSP), the Department offers grants and contributions to organizations that help seniors engage in the lives of others and in their communities. The NHSP's objectives are to:

- promote volunteer involvement among seniors and other generations;
- engage seniors to become mentors in their communities;
- increase the general population's awareness about elder abuse;
- foster the participation and inclusion of seniors in the community; and
- provide financial assistance for community projects and programs targeting seniors.<sup>32</sup>

The NHSP has an annual budget of \$45 million. Community-based projects are eligible to receive up to \$25,000 per year. Pan-Canadian projects to help seniors protect themselves from elder abuse are eligible to receive up to \$250,000 per year in contribution or grant funding, for up to three years.

### 3.2.3. OFFICIAL LANGUAGE MINORITY COMMUNITY SENIORS SUPPORT

Among organizations and projects funded by the NHSP, some are, in effect, led in OLMCs and by their organizations. (For examples of projects, see the next text box on page 7.)

In its final report in 2009, the Special Senate Committee on Aging indicated that many witnesses had made positive comments about the NHSP. However, organizations across the country expressed some concerns, particularly Aboriginal Canadians and OLMC groups who felt they did not have equal access to funding. As a result, the Committee made recommendations that funding be made accessible to all Canadians. For instance, it urged the government to review the application process, to communicate the availability of funding to as many groups as possible, and to allow multi-year funding for certain projects.<sup>33</sup>

In our interviews, we learned that the NHSP had actively promoted itself in OLMCs. Between 2008–2009 and the winter of 2012 at the time of the interviews, NHSP provided nearly \$9 million to OLMCs.<sup>34</sup>

Lists of approved community-based projects, grouped by province, are available on the NHSP's Web site. From the projects approved for Quebec for 2011–2012,<sup>35</sup> we estimate, based on the name of the organization or the project title, that some 38 projects out of a total of 526 province-wide (7%) benefitted English-speaking communities. From the total amount of funding for Quebec for that fiscal year, which was in the order of \$8 million, English-speaking communities and projects would have received close to \$800,000, or 10% of provincial funding. However, these numbers are estimates, since the organizations and projects listed as receiving funding under the NHSP are not identified as OLMC organizations or projects targeting OLMCs.

It would be interesting to see the trend in the submission and approval of proposals from OLMCs, since efforts have been made by HRSDC to promote the NHSP in these communities and since there is now a province-wide OLMC seniors' organization in Quebec.

These are examples of NHSP projects in Quebec, most of which were led by or in Anglophone communities. Others are also included as they could be interesting examples of projects for OLMC seniors and their organizations.

**Connecting Caregivers: Reducing the Stress of Older Anglophone Caregivers in Montreal**

(English Coalition of Caregivers of Montréal)

**Re-integration and Social Participation of Seniors in the Community**

(Filipino-Canadian Association of West Island)

**Social Action for Healthy and Active Aging Conference**

(Quebec Community Groups Network)

**Share the Love of Reading**

(RECLAIM Literacy)

**Pay It Forward: A Mentorship Initiative**

(YES Montreal)

**Two Generations – One Culinary Culture**

(Bureau de la communauté haïtienne de Montréal)

In this intergenerational culinary project, seniors gave young people cooking lessons.<sup>36</sup>

**Let's Talk About Abuse**

In Trois-Rivières, a group of seniors put on a play to educate seniors about elder abuse and to inform them of their rights.<sup>37</sup>

### 3.3. HEALTH CANADA

The Minister of Health is responsible for maintaining and improving Canadians' health. This responsibility is supported by the Health Portfolio, which includes Health Canada, the PHAC and CIHR.<sup>38</sup>

These are Health Canada's objectives: prevent and reduce risks to individual health and to the environment, promote healthy lifestyles, ensure access to efficient and accessible health services, foster the renewal of the health care system, take measures to reduce health inequalities in Canadian society, and provide health information to help Canadians make informed decisions.<sup>39</sup>

#### 3.3.1. OFFICIAL LANGUAGE MINORITY COMMUNITY MANDATE AND SUPPORT

The Official Language Community Development Bureau coordinates the implementation of Section 41 of the Act at Health Canada and takes measures to enhance the vitality of the OLMCs.<sup>40</sup> The Bureau ensures that Health Canada's initiatives, programs and services contribute to this goal. Initiatives dedicated to seniors are reviewed to ensure that they also recognize the particular challenges of seniors in official language minority contexts.<sup>41</sup>

The Bureau administered Health Canada's contribution to the *Roadmap for Canada's Linguistic Duality 2008–2013: Acting for the Future*, which included a funding envelope of \$174.3 million for the five-year period. While renewing the Roadmap, Health Canada asked the leaders of the two communities to consult their members to find out about the health needs of English and French OLMCs. The results of the consultation in Quebec were published in 2012 in *The Health and Social Service Priorities of Quebec's English-Speaking Population 2013–2018: A Document Based on the Consultation of Members of Quebec's English-Speaking Population*.<sup>42</sup>

*The Roadmap for Canada's Official Languages 2013–2018: Education, Immigration, Communities*, announced in March 2013, includes funding to Health Canada equivalent to the previous roadmap. Health Canada will continue to address community-specific health needs by supporting, for example, projects that increase opportunities for seniors to communicate in the official language of their choice, that help eliminate language barriers for mental health patients or that facilitate indicating patients' preferred official language in their health records.<sup>43</sup>

#### 3.3.2. SENIORS MANDATE AND SUPPORT

Health Canada conducts research to help understand the needs of Canadian seniors and to ensure that programs and services respond to Canada's aging demographic. In collaboration with the PHAC, the Department provides information on a variety of topics related to aging and seniors.

Health Canada has two major on-line sources of information for seniors: *Healthy Living: Seniors* and *Just for You: Seniors*, which offer information on subjects such as home care, end-of-life care, prevention of falls, communication with seniors, abuse, disability, diseases and illnesses, food and nutrition, the health care system, medication, mental health, physical activity, sexuality, travel, and oral and vision care.

The Department also offers reports and publications, on topics such as the health care system, that address seniors and aging issues.

### **3.3.3. OFFICIAL LANGUAGE MINORITY COMMUNITY SENIORS SUPPORT**

The 2008–2013 Roadmap allocated funds to seniors-related projects, such as initiatives to improve seniors' well-being through health promotion activities and information, as well as information-dissemination initiatives to increase access to health services.

The following are examples of projects funded and led in Quebec.<sup>44</sup>

#### **Improving Health Promotion Programs for Seniors on the Lower North Shore**

(Coasters Association of the Lower North Shore)

This project set out to assess the need for seniors' day centres and adapted transportation, produced a health determinant profile to assist in establishing priorities, ran a health information campaign, created a volunteer bank, and collected data on the challenges that people in isolated villages face.

#### **Promoting Active Healthy Lifestyle Habits for Seniors on the North Shore**

(North Shore Community Association)

The North Shore Community Association promoted healthy living and the participation of seniors in community life and improved access to information and the sharing of knowledge.

#### **Caregiver Support Program**

(Vision Gaspé-Percé Now)

Vision Gaspé-Percé Now worked with public and community partners to integrate existing initiatives for its local English-speaking seniors into the health and social services system.

## **3.4. PUBLIC HEALTH AGENCY OF CANADA**

The PHAC's mandate is notably to promote health, prevent and control chronic diseases and injuries, and prepare for public health emergencies.

### **3.4.1. OFFICIAL LANGUAGE MINORITY COMMUNITY MANDATE AND SUPPORT**

As do other federal institutions, PHAC has obligations under Part VII of the Act. The Agency has supported OLMCs through financial contributions.<sup>45</sup>

### **3.4.2. SENIORS MANDATE AND SUPPORT**

PHAC provides information to seniors and supports networks and partnerships. Its role has shifted away from direct contributions and towards partnerships to leverage various initiatives.<sup>46</sup>

PHAC's Division of Aging and Seniors leads federal efforts regarding seniors' public health issues as a focal point for information and a centre of expertise on the topic. Its objectives are to influence policy development, expand the knowledge base, and engage stakeholders regarding healthy aging.<sup>47</sup> The Division produces and disseminates publications on aging and seniors for the general public as well as for professionals.<sup>48</sup>

The Division is engaged in a number of seniors-related initiatives. It is responsible for the public health component of the interdepartmental Federal Elder Abuse Initiative, launched by the Government of Canada in 2008. It contributes to knowledge, tools and resources to support caregivers and public health practitioners in identifying and addressing the health risks that senior caregivers face. The Division has launched injury-prevention initiatives for seniors. With regard to emergency preparedness, the Division works with a network of stakeholders to develop resources and tools for seniors, first responders, health professionals and emergency managers.

Through this, PHAC provides leadership for the Age-Friendly Communities initiative. The World Health Organization started Global Age-Friendly Cities, an international endeavor to identify features that make communities age-friendly. Four Canadian cities took part: Saanich (British Columbia), Portage la Prairie (Manitoba), Sherbrooke (Quebec) and Halifax (Nova Scotia). Since then, the Age-Friendly Rural and Remote Communities Initiative was launched for communities with populations under 5,000. As well, PHAC has created and coordinated the Pan-Canadian Age-Friendly Communities Network to help community groups and individuals exchange ideas, practices and resources.<sup>49</sup> Information, guides and tools from this initiative are available

through the Division of Aging and Seniors' Web site. These types of initiatives, such as the Pan-Canadian Age-Friendly Communities Network, are likely to be of interest to OLMCs.

### **3.4.3. OFFICIAL LANGUAGE MINORITY COMMUNITY SENIORS SUPPORT**

PHAC produces and disseminates information and makes use of existing networks and partnerships that may benefit OLMCs, including OLMC seniors' organizations. Our informant cited work done by the Fédération des aînés et des retraités francophones de l'Ontario in regard to age-friendly communities.<sup>50</sup> According to this informant, Quebec is a leader in the development of age-friendly communities, and PHAC works with a number of Quebec organizations.<sup>51</sup> However, it is unclear whether English- and French-speaking OLMCs are fully and systematically taken into consideration in Age-Friendly Communities initiatives and projects, for example, in promoting those projects, in encouraging OLMCs to take part in those ventures, and in following institutional accountability processes.

## **3.5. CANADIAN INSTITUTES OF HEALTH RESEARCH**

CIHR is responsible for funding health research in Canada.<sup>52</sup> This independent body provides grants and contributions for peer-reviewed high-quality research. CIHR provides funding under four themes: biomedical; clinical; health systems services; and social, cultural, environmental and population health.<sup>53</sup>

### **3.5.1. OFFICIAL LANGUAGE MINORITY COMMUNITY MANDATE AND SUPPORT**

Until 2012, CIHR had a specific OLMC funding initiative to promote the study of health determinants and specific needs of the two OLMCs, increase the number of researchers working on OLMC health issues, and ensure transmission of new knowledge within the health community and the OLMCs. CIHR announced that this initiative would be abolished after 2012 but that support to OLMC research would continue to be offered through ongoing programs.<sup>54</sup> However, it is unclear to what extent and how the regular research programs take into account the particular needs of French and English OLMCs.

### **3.5.2. SENIORS MANDATE AND SUPPORT**

CIHR has no particular mandate regarding seniors, although one of its institutes focuses on aging. CIHR established the Institute of Aging to support research on prevention, diagnosis, treatment and palliation for a wide range of conditions associated with aging. Its goal is to improve the quality of life and health of older Canadians by understanding and addressing or preventing the consequences of a wide range of factors associated with aging.<sup>55</sup>

The Institute of Aging provides direct funding to researchers. Its priority research themes, until 2013, included health services and policy relating to older people, as well as healthy and successful aging; biological mechanisms and cognitive decline in aging; and maintenance of functional autonomy.<sup>56</sup>

### **3.5.3. OFFICIAL LANGUAGE MINORITY COMMUNITY SENIORS SUPPORT**

With the elimination in 2012 of the special initiative on OLMC research, it is not clear to what extent the other CIHR research programs are taking into account the particular needs of OLMCs (including English-speaking seniors in Quebec). Nevertheless, the Institute of Aging might consider filling that role by supporting research on aging and seniors in OLMCs.

## **3.6. STATUS OF WOMEN CANADA**

SWC works toward the equality of women in Canadian society and their full participation in its economic, social and democratic life. It focuses on three areas: women's economic security and prosperity, women's leadership and democratic participation, and ending violence against women.<sup>57</sup>

SWC's Women's Program provides funding and technical assistance to eligible organizations to support projects at the local, regional and national levels. Funding is available for projects lasting 36 months or less that address barriers to women's participation and equality in Canadian society in SWC's three priority areas. Funding is not provided for ongoing activities, such as an organization's operation and administration.<sup>58</sup> Total program funding is close to \$20 million annually.<sup>59</sup>



### 3.6.1. OFFICIAL LANGUAGE MINORITY COMMUNITY MANDATE AND SUPPORT

To meet its obligations under Part VII of the Act, SWC supports organizations' initiatives that target OLMC women. For example, in 2009–2010, the Quebec Community Groups Network received funding for its Leadership Building in Rural Quebec project, which developed leadership among women in rural communities. The Jamaican Canadian Community Women's League of Montreal received funding for its Dollars Make Sense / Leadership and Empowerment Project.<sup>60</sup>

### 3.6.2. SENIORS MANDATE AND SUPPORT

While not the primary focus of the Women's Program, projects that directly support senior women have been funded.

For example, in 2012, SWC granted \$299,000 for a community project to increase the economic security and prosperity of women in rural and isolated OLMCs. Most of the leaders of that project were seniors.<sup>61</sup>

Another example is a national project that addressed the high level of poverty and the low level of financial literacy among older women in Vancouver, Montréal and Toronto. Older Women and Financial Literacy: Bridging the Income Gap was led by the National Initiative for the Care of the Elderly and the University of Toronto.<sup>62</sup>

#### **Éveil à l'exercice de la citoyenneté des femmes et comment l'exercer**

(Association acadienne et francophone des aînées et aînés du Nouveau-Brunswick)

In 2009–2010, \$200,000 was granted for this 36-month project to help older as well as younger Francophone women to develop knowledge, skills and tools in order to fully participate in decision-making bodies. An intergenerational mentorship model was developed to give young women insight on how the democratic system works.<sup>63</sup>

#### **Rencontre des générations**

(Association acadienne et francophone des aînées et aînés du Nouveau-Brunswick)

In 2007–2008, \$553,000 was allocated to a project to find solutions to the barriers faced by younger as well as older Acadian and Francophone women who live in OLMCs in the Atlantic provinces.<sup>64</sup>

### 3.6.3. OFFICIAL LANGUAGE MINORITY COMMUNITY SENIORS SUPPORT

Although SWC has no specific funding niche for senior women, some of its funds have been allocated to them. Reports on the implementation of section 41 of the Act (2009–2010 and 2007–2008), indicate that SWC has funded the projects in the preceding text box.

## 4. OFFICIAL LANGUAGE MINORITY COMMUNITIES' CHARACTERISTICS, CHALLENGES AND OPPORTUNITIES

This section summarizes Quebec's English-speaking communities' characteristics. It then describes the challenges and opportunities for OLMC seniors and their organizations and for providing support to them, according to informants interviewed in federal institutions.

### 4.1. CHARACTERISTICS OF QUEBEC'S ENGLISH-SPEAKING COMMUNITIES

Quebec is home to half of Canada's OLMC population. Based on FOLS, 994,725 English speakers lived in Quebec in 2006 and 1,058,250 in 2011. (French OLMCs outside Quebec accounted for 997,125 French speakers in 2006 and 1,007,580 in 2011.<sup>65</sup>)

Though the challenges and opportunities for preserving and enhancing the vitality of the English-speaking and French-speaking minorities are somewhat similar, they differ in many ways across the nation, the provinces and the regions. These communities differ based, for example, on their history, geography and demography, as well as their judicial, institutional and community capacity.<sup>66</sup>

Unlike the French-speaking minority, the challenge for the English-speaking minority is not the survival of its language. Its challenge is to ensure the community's survival and to support its vitality, including through its institutions in all regions of the province.

The situation of Anglophones living in the Greater Montréal and surrounding area must be distinguished from that of Anglophones in other regions of Quebec. Though Anglophones in the Greater Montréal area have access to infrastructure in many sectors of activity, such as education, health, the economy, and arts and culture, there are disparities across the province (and even on the island of Montréal).<sup>67</sup>



As informants (whose comments are presented below) have suggested, and as the following section on the situation of Quebec's English-speaking seniors indicates, there are disparities between the contexts of English-speaking seniors in different regions of Quebec, between Quebec's Anglophone and Francophone seniors, and among subgroups of English-speaking seniors. This may affect Quebec's English-speaking communities and their seniors.

## **4.2. CHALLENGES FOR OFFICIAL LANGUAGE MINORITY COMMUNITY SENIORS**

During the interviews, the key informants identified challenges that seniors in OLMCs face:

### **Inadequate access to services and support, particularly in the regions outside Greater Montréal**

- Services provided depend on the area and on the need identified (such as social services or judicial services). Services in rural areas tend to be of lesser quality or quantity, and non-bilingual seniors usually have to be transferred to Québec City or Montréal for services. They have few resources available to them and lack social activities, clubs, etc.
- The situation in Montréal differs from that in the rest of Quebec, including in demographic numbers and thus in the availability of a complete range of high-quality services in the minority language.
- Seniors in the regions tend to depend on their family, yet young people move away to find work. Seniors in that situation can find themselves alone or left to care for their grandchildren.
- There are fewer young volunteers than there are senior volunteers.
- OLMC seniors must deal with language barriers when accessing health services.

### **Increased risks of isolation**

- OLMC seniors are more at risk of isolation due to a lack of social contacts, geographic isolation, lack of mobility, and reduced cognitive abilities—which may make it hard for them to communicate their health.

### **Increased challenges for subgroups among OLMC seniors**

- Senior women in OLMCs may face multiple barriers, yet getting access to services in the minority language is often a problem for them.
- The multicultural aspect of Montréal's English-speaking population creates particular needs in that region.

## **4.3. CHALLENGES THAT FEDERAL INSTITUTIONS FACE IN PROVIDING SUPPORT TO OFFICIAL LANGUAGE MINORITY COMMUNITY SENIORS**

In some departments, key informants identified challenges in providing support to OLMC seniors:

### **Absence of a provincial umbrella organization of Anglophone seniors in Quebec**

- Various informants mentioned, at the time of the interview, that the absence of an Anglophone seniors group in Quebec (along the lines of the *Fédération des aînées et aînés francophones du Canada*) had made it difficult to contact that population—making the provision of support adapted to their needs more difficult.

### **Other challenges in reaching OLMC seniors and meeting their needs**

- It is even harder to reach seniors living in OLMCs in isolated rural areas or in the North. There are typically fewer organizations providing support in these communities, and those organizations may have limited capacity or only rudimentary access to information, programs, services or funding.
- Federal institutions must find innovative ways to meet OLMC seniors' health-related needs, considering the provincial and territorial jurisdiction of health services.

#### **4.4. OPPORTUNITIES FOR OFFICIAL LANGUAGE MINORITY COMMUNITY SENIORS AND THEIR ORGANIZATIONS**

Informants suggested the following opportunities for OLMC seniors' organizations:

- The NSC could consider soliciting representation from OLMCs;
- OLMCs seniors' organizations could be invited to give presentations to the Interdepartmental Committee on Seniors; and
- Though SWC's Women's Program is predominately a responsive program, members of OLMCs could benefit from it.

#### **5. PORTRAIT OF QUEBEC'S ENGLISH-SPEAKING SENIORS**

This section addresses the second objective of the study. It draws a portrait of the situation of Quebec's English-speaking seniors by answering these questions: Where are they? Who are they? Who cares for them? What is their access to and use of care services?

We chose not to attempt to answer the question "How are seniors doing in Quebec?" Given the importance of health issues for seniors, particularly the eldest, a section on their health status would have been useful. However, that is beyond the scope of this study. At the time of writing, there appears to have been no comprehensive study on the health status of the Anglophone minority in Quebec and, therefore, there is scant information on the health status of English-speaking seniors in Quebec.

Nevertheless, in 2012, the Institut national de santé publique du Québec performed a study to determine the health indicators for the English-speaking community in Quebec in preparation for a larger study that will describe the overall health status of that community.<sup>68</sup> In that analysis, age was examined with regard to certain variables. More information on the health status of Anglophone seniors would be useful.

At the time of writing, Statistics Canada's National Household Survey 2011 data, which contains detailed social, cultural and economic information on Canadians,

was not yet available. Therefore, the data in this report is based on the 2006 census. Use of the 2006 data allowed us to maintain consistency with other analytical work, including Statistics Canada studies and CHSSN publications also based on 2006 census data. Readers must keep in mind that census data provides a snapshot picture. Some of the findings, such as differences between Anglophones and Francophones in Quebec, may differ over time and are therefore to be seen only as an indication.<sup>69</sup>

For the purpose of this report, seniors are those aged 65 and older, and language is defined as the FOLS, except where indicated otherwise. To put the presented data in context, we start by providing international and national statistics on aging.

#### **5.1. POPULATION AGING IN CANADA**

According to the Canadian Institute for Health Information,<sup>70</sup> "population aging" describes an upward shift in the age structure of a population, as a function of birth and death rates and migratory patterns to and within countries or regions. In Canada, population aging has occurred over many decades, mainly as a result of both increasing life expectancy and declining fertility rates. For many regions in Canada, population aging is also due to the out-migration of youth.

Such factors may cause variations in population aging among nations and regions, as well as among groups and communities—in this instance, OLMCs.

In Canada, seniors account for a growing proportion of the population. Between 2011 and 2031, the entire baby boom generation (that is, those born between 1946 and 1965) will turn 65. As a result, both the number and proportion of seniors in the Canadian population will climb steadily. After 2031, population aging is expected to continue, but at a slower pace.

Though there is no benchmark against which to determine whether a population is "aged," countries such as Japan and Italy may be considered aged societies, with seniors accounting for one fifth or more of their total population in 2010 (23% and 21% respectively) and expected to account for close to one third by 2031 (32% and 28% respectively).

By comparison, in 2010, only 14% of the Canadian population was aged 65 and over. Therefore, in spite of relative population aging, the population of Canada remains younger than that of many industrialized countries.

### 5.1.1. POPULATION AGING BY PROVINCE

Not all provinces are aging at the same rate (see Table 1).

Table 1: Senior Population in Canada, Provinces and Territories, 2006

	Population total (no.)	Population aged 65+ (no.)	Population aged 65+ (%)
<b>Canada</b>	<b>31,612,895</b>	<b>4,335,255</b>	<b>13.7</b>
Newfoundland and Labrador	505,470	70,265	13.9
Prince Edward Island	135,855	20,185	14.9
Nova Scotia	913,460	138,215	15.1
New Brunswick	729,995	107,635	14.7
Quebec	7,546,135	1,080,285	14.3
Ontario	12,160,280	1,649,180	13.6
Manitoba	1,148,400	161,890	14.1
Saskatchewan	968,155	149,305	15.4
Alberta	3,290,350	353,410	10.7
British Columbia	4,113,485	599,810	14.6
Yukon	30,375	2,290	7.5
Northwest Territories	41,465	1,975	4.8
Nunavut	29,475	810	2.7

Source: Statistics Canada, 2006 Census of Population.

Variations between provinces and territories range over 10 percentage points, from a low of 2.7% of seniors in Nunavut to a high of 15.4% in Saskatchewan. Cross-provincial migration, as well as differing fertility rates and varying life expectancy, contribute to regional disparities.

Projections in Table 2 suggest that aging will increase in all provinces and that interprovincial differences are expected to widen in the future.<sup>71</sup> As a result, provinces with older populations are aging faster, especially the five easternmost provinces (Atlantic Canada and Quebec).<sup>72</sup>

Table 2: Projection of the Share of the Population Comprised of Seniors in Provinces and Territories, 2011–2031

	2011 (%)	2016 (%)	2021 (%)	2026 (%)	2031 (%)
Newfoundland and Labrador	15.8	19.4	23.1	26.6	29.5
Prince Edward Island	15.4	18.6	21.3	24.0	26.4
Nova Scotia	16.1	19.0	22.0	25.3	28.1
New Brunswick	15.9	19.0	22.2	25.6	28.6
Quebec	15.6	17.9	20.4	23.1	25.3
Ontario	13.9	15.7	17.6	19.9	22.1
Manitoba	14.1	15.7	17.6	19.9	21.7
Saskatchewan	15.4	17.1	19.7	22.6	24.9
Alberta	11.8	13.8	16.3	19.2	21.4
British Columbia	15.1	17.2	19.6	22.0	24.1
Yukon	9.8	13.1	15.9	18.0	19.7
Northwest Territories	6.3	8.8	10.8	12.9	15.1
Nunavut	3.2	4.1	4.6	5.5	5.7

Source: Statistics Canada, *A Portrait of Seniors in Canada 2006*, p. 29.

### 5.1.2. POPULATION AGING BY FIRST OFFICIAL LANGUAGE SPOKEN

When considering the population by FOLS,<sup>73</sup> Canada's two official language groups differ in their rate of aging, with Francophones having a slightly larger elderly population (13.6% versus 12.3% for English-speaking Canadians).

However, in all Canadian provinces outside Quebec, French-speaking populations comprise greater proportions of seniors than do English-speaking populations (see Table 3).

Table 3: Total Population and Seniors Aged 65+ by First Official Language Spoken (FOLS) in Canada, Provinces and Territories, 2006

	Total FOLS	English FOLS	French FOLS
<b>Canada</b> – total population	31,241,030	23,363,060	7,370,350
Number of population age 65+	4,074,300	2,879,650	1,003,520
Proportion of population age 65+	13.0%	12.3%	13.6%
<b>Newfoundland and Labrador</b> – total population	500,610	497,910	1,930
Number of population age 65+	66,190	65,685	330
Proportion of population age 65+	13.2%	13.2%	17.1%
<b>Prince Edward Island</b> – total population	134,205	129,030	5,130
Number of population age 65+	18,845	17,785	1,045
Proportion of population age 65+	14.0%	13.8%	20.4%
<b>Nova Scotia</b> – total population	903,090	869,565	32,225
Number of population age 65+	131,070	124,140	6,610
Proportion of population age 65+	14.5%	14.3%	20.5%
<b>New Brunswick</b> – total population	719,650	483,840	235,130
Number of population age 65+	101,220	67,140	33,865
Proportion of population age 65+	14.1%	13.9%	14.4%
<b>Quebec</b> – total population	7,435,905	994,720	6,373,230
Number of population age 65+	1,000,895	132,490	846,290
Proportion of population age 65+	13.5%	13.3%	13.3%
<b>Ontario</b> – total population	12,028,895	11,230,380	537,590
Number of population age 65+	1,556,255	1,368,670	81,520
Proportion of population age 65+	12.9%	12.2%	15.2%
<b>Manitoba</b> – total population	1,133,515	1,080,230	43,120
Number of population age 65+	151,805	139,615	9,210
Proportion of population age 65+	13.4%	12.9%	21.4%
<b>Saskatchewan</b> – total population	953,850	935,870	14,850
Number of population age 65+	138,985	133,530	4,560
Proportion of population age 65+	14.6%	14.3%	30.7%
<b>Alberta</b> – total population	3,256,355	3,154,380	62,790
Number of population age 65+	331,795	307,825	9,180
Proportion of population age 65+	10.2%	9.8%	14.6%
<b>British Columbia</b> – total population	4,074,385	3,891,890	61,735
Number of population age 65+	572,430	518,875	10,705
Proportion of population age 65+	14.0%	13.3%	17.3%
<b>Yukon</b> – total population	30,195	28,885	1,185
Number of population age 65+	2,220	2,045	110
Proportion of population age 65+	7.4%	7.1%	9.3%
<b>Northwest Territories</b> – total population	41,060	39,725	1,005
Number of population age 65+	1,805	1,528	78
Proportion of population age 65+	4.4%	3.8%	7.7%
<b>Nunavut</b> – total population	29,325	26,608	423
Number of population age 65+	795	335	15
Proportion of population age 65+	2.7%	1.3%	3.6%

Source: Statistics Canada, 2006 Census of Population.

Four provinces (Prince Edward Island, Manitoba, Nova Scotia and Saskatchewan) stand out, with one fifth or more of the French-speaking population being at least 65 years old. Among English-speaking populations, on the other hand, this proportion generally hovers around 10% to 14%. In Saskatchewan, in particular, the French-speaking population has twice as many senior persons (31%) in its ranks than does its English-speaking counterpart (14%).

In Quebec, French and English speakers display an identical proportion of seniors (13.3%), close to Canada's national percentage of 13.0%. However, as the next section shows, in most regions in Quebec the trend is reversed: it is the English-speaking population that includes higher proportions of seniors compared with French-speaking Quebecers.

Quebec also shows wide variations within the English-speaking community when rates of aging for specific ethno-cultural groups are examined. For example, the rate of aging in the community of Japanese origin is 15.7%, but is only 2.8% in the community of Latin American origin.<sup>74</sup>

## 5.2. WHERE ARE QUEBEC'S ENGLISH-SPEAKING SENIORS?

This section examines the presence of English-speaking seniors in the province's health regions and looks at more detailed age groups within the senior English-speaking population in those health regions.

### 5.2.1. HIGHER PROPORTION IN ALMOST ALL REGIONS

While Anglophones province-wide do not comprise a higher proportion of aged persons than do Francophones, regional statistics tell a different story.

In 13 of the 16 regions, the proportion of seniors is higher among Anglophones and is also higher than the Canadian aging rate, which is 13.0% (see Table 4).

In four regions (Saguenay–Lac-Saint-Jean, Mauricie–Centre-du-Québec, Estrie, and Gaspésie–Îles-de-la-Madeleine), the proportion of seniors among English speakers is near or above 20%.

Table 4: Seniors Aged 65+ by First Official Language Spoken (FOLS) in Quebec, by Health Region,<sup>75</sup> 2006

Region	English FOLS seniors (%)	French FOLS seniors (%)	Difference (%)	Minority–Majority Index
<b>Province of Quebec</b>	<b>13.3</b>	<b>13.3</b>	<b>0.0</b>	<b>1.00</b>
01 – Bas-Saint-Laurent	14.2	15.6	-1.4	0.91
02 – Saguenay–Lac-Saint-Jean	19.1	14.3	+4.8	1.33
03 – La Capitale-Nationale	16.6	14.6	+2.0	1.13
04 – Mauricie–Centre-du-Québec	19.9	15.2	+4.7	1.31
05 – Estrie	22.0	13.4	+8.6	1.64
06 – Montréal	13.2	14.5	-1.3	0.91
07 – Outaouais	10.8	10.6	+0.2	1.02
08 – Abitibi-Témiscamingue	14.7	11.9	+2.8	1.23
09 – Côte-Nord	13.0	11.2	+1.8	1.16
10 – Nord-du-Québec	11.1	7.6	+3.5	1.47
11 – Gaspésie–Îles-de-la-Madeleine	20.8	16.6	+4.2	1.26
12 – Chaudière-Appalaches	18.0	13.3	+4.7	1.36
13 – Laval	10.5	14.2	-3.7	0.74
14 – Lanaudière	16.1	11.5	+4.6	1.41
15 – Laurentides	17.1	11.5	+5.6	1.50
16 – Montérégie	13.7	11.9	+1.8	1.15

Source: Statistics Canada, 2006 Census of Population.

For Francophones, on the other hand, the proportion of aged persons is never higher than 17%, and in only three of the 16 regions (Montréal, Laval and Bas-Saint-Laurent) is the proportion of Francophone seniors higher than that of Anglophones in that region.

The right-hand column in Table 4 shows the minority-majority index, which is a ratio of the proportions found in the two groups. An index above 1.00 means that the minority group displays the characteristic (in this case, the proportion of seniors aged 65 and older) to a greater degree than the majority group.

The discrepancy is particularly acute in Estrie, which shows a minority-majority index of 1.64. Very high indices, ranging from 1.33 to 1.50, appear (in ascending order) in Saguenay–Lac-St-Jean, Chaudière-Appalaches, Lanaudière, Nord-du-Québec and Laurentides.

As these percentages show, in 2006 these OLMCs were already experiencing an advanced rate of aging—one that, according to the projections in Table 2, the most rapidly aging provinces will only see in 2021 and that the rest of Canada will begin to see in 2031.

English-speaking communities outside Montréal tend to be small and have a high proportion of seniors. This may result in specific or increased health and social services needs in communities that often have less capacity to meet these needs.

## 5.2.2. HIGH NUMBER IN MONTRÉAL AND SMALL NUMBERS IN MANY REGIONS

Tables 5 and 6 show the number and proportion of English speakers, by health region, for two age groups: 65 to 84 and 85 and older.<sup>76</sup>

The majority (60%) of English-speaking seniors live in Montréal, as do the majority of English-speaking Quebecers (60%). Because of this uneven distribution, provincial statistics for Anglophone seniors reflect the situation of Montréal seniors better than that of Anglophone seniors living in the rest of the province.

Table 5 also shows that there are relatively small actual numbers of seniors (especially those over 85) within the English-speaking population in various regions. For instance, in seven of the 16 regions, there are fewer than 100 people aged 85 or over. This may present challenges to providing a full range of services to these English-speaking communities and their seniors.

Considering the very small number of seniors—especially those over 84—in some communities, they are at risk of being forgotten or not seen by health authorities or by other service providers, especially in regions with a small English-speaking community with limited public services and community capacity. As well, seniors in remote regions may be at particular risk of isolation, with a limited pool of peers and networks within their linguistic and age group.<sup>77</sup>

Table 5: English-Speaking Seniors Aged 65–84, 85+ and 65+ in Quebec, by Health Region, 2006

Region	Total	Age 65–84	Age 85+	Age 65+
<b>Province of Quebec</b>	<b>978,045</b>	<b>118,840</b>	<b>13,310</b>	<b>132,150</b>
01 – Bas-Saint-Laurent	1,300	165	20	185
02 – Saguenay–Lac-Saint-Jean	1,835	300	50	350
03 – La Capitale-Nationale	11,840	1,715	245	1,960
04 – Mauricie–Centre-du-Québec	4,990	895	100	995
05 – Estrie	23,580	4,540	645	5,185
06 – Montréal	595,920	70,000	8,800	78,800
07 – Outaouais	58,720	5,930	425	6,355
08 – Abitibi-Témiscamingue	5,360	740	50	790
09 – Côte-Nord	5,630	695	35	730
10 – Nord-du-Québec	270	30	0	30
11 – Gaspésie–Îles-de-la-Madeleine	9,505	1,805	175	1,980
12 – Chaudière-Appalaches	3,700	600	65	665
13 – Laval	68,460	6,775	390	7,165
14 – Lanaudière	10,120	1,535	95	1,630
15 – Laurentides	33,170	5,120	565	5,685
16 – Montérégie	143,645	17,995	1,650	19,645

Note: See Appendix C for corresponding data on the French-speaking population.  
Source: Statistics Canada, 2006 Census of Population.



Table 6: Percentage of English-Speaking Seniors Aged 65–84, 85+ and 65+ in Quebec, by Health Region, 2006

Region	Total (no.)	Age 65–84 (%)	Age 85+ (%)	Age 65+ (%)
<b>Province of Quebec</b>	<b>978,045</b>	<b>12.1</b>	<b>1.4</b>	<b>13.5</b>
01 – Bas-Saint-Laurent	1,300	12.7	1.5	14.2
02 – Saguenay–Lac-Saint-Jean	1,835	16.3	2.7	19.1
03 – La Capitale-Nationale	11,840	14.5	2.1	16.6
04 – Mauricie–Centre-du-Québec	4,990	17.9	2.0	19.9
05 – Estrie	23,580	19.3	2.7	22.0
06 – Montréal	595,920	11.7	1.5	13.2
07 – Outaouais	58,720	10.1	0.7	10.8
08 – Abitibi-Témiscamingue	5,360	13.8	0.9	14.7
09 – Côte-Nord	5,630	12.3	0.6	13.0
10 – Nord-du-Québec	270	11.1	0.0	11.1
11 – Gaspésie–Îles-de-la-Madeleine	9,505	19.0	1.8	20.8
12 – Chaudière-Appalaches	3,700	16.2	1.8	18.0
13 – Laval	68,460	9.9	0.6	10.5
14 – Lanaudière	10,120	15.2	0.9	16.1
15 – Laurentides	33,170	15.4	1.7	17.1
16 – Montérégie	143,645	12.5	1.1	13.7

Note: See Appendix C for corresponding data on the French-speaking population.  
Source: Statistics Canada, 2006 Census of Population.

### 5.3. WHO ARE QUEBEC'S ENGLISH-SPEAKING SENIORS?

This section looks at the characteristics of English-speaking seniors for certain demographic variables.

#### 5.3.1. SLIGHTLY LONGER LIFE EXPECTANCY

Life expectancy has been slightly better for Anglophones than for Francophones in Quebec (see Table 7).

According to this information,<sup>78</sup> life expectancy gaps favoring Anglophones decreased over time, but varied across areas of Quebec. Tobacco-related causes accounted for the majority of this gap.

Table 7: Life Expectancy at Birth in Quebec, by Gender and Language Spoken at Home, 1989–1993 and 2002–2006

Gender and timeframe	English (years)	French (years)
<b>Men</b>		
1989–1993	77.0	72.6
2002–2006	78.8	76.5
<b>Women</b>		
1989–1993	83.0	80.0
2002–2006	83.2	81.8

Source: *European Journal of Epidemiology*, "The Life Expectancy Gap Between the Francophone Majority and Anglophone Minority of a Canadian Population," 2012, vol. 27, p. 27–38.

### 5.3.2. MORE FEMALES THAN MALES

Similar to the Canadian population and to Francophones in Quebec, English-speaking senior populations comprise more females aged 65 and older (54.4%) than males (45.6%), due to a higher mortality rate among males. However, the proportional number of males among English-speaking seniors is slightly higher (and consequently, the proportion of females is slightly lower) than that among Francophones (see Table 8).

### 5.3.3. MORE OFTEN MARRIED

Table 9 shows the distribution across legal marital status categories for Anglophones and Francophones for age groups 15 years and older and 65 years and older.

Table 8: Population Aged 65+ in Quebec, by Gender and First Official Language Spoken (FOLS), 2006

Gender and FOLS	Seniors by gender and FOLS (no.)	Seniors by gender and FOLS (%)
<b>Total FOLS</b>	<b>1,000,900</b>	<b>100.0</b>
Male	434,020	43.4
Female	566,880	56.6
<b>English FOLS</b>	<b>132,488</b>	<b>100.0</b>
Male	60,358	45.6
Female	72,133	54.4
<b>French FOLS</b>	<b>846,293</b>	<b>100.0</b>
Male	366,933	43.4
Female	479,358	56.6

Source: Statistics Canada, 2006 Census of Population.

Table 9: Legal Marital Status of Men and Women in Quebec, by First Official Language Spoken (FOLS), 2006

Marital status	Total (%)		English FOLS (%)		French FOLS (%)	
	Age 15+	Age 65+	Age 15+	Age 65+	Age 15+	Age 65+
Total population age 15+	100.0	100.0	100.0	100.0	100.0	100.0
Never legally married (single)	43.4	8.4	36.1	7.1	44.8	8.7
Legally married (and not separated)	38.0	52.1	48.3	55.6	36.2	51.6
Separated, but still legally married	2.1	2.2	2.2	2.0	2.1	2.2
Divorced	10.7	9.3	8.0	8.3	11.2	9.6
Widowed	5.9	28.0	5.4	27.0	5.8	27.9
<b>Males</b>						
Total population age 15+	100.0	100.0	100.0	100.0	100.0	100.0
Never legally married (single)	46.8	7.8	39.3	6.5	48.1	8.1
Legally married (and not separated)	39.0	67.4	49.7	71.7	37.1	66.5
Separated, but still legally married	2.0	2.6	2.0	2.2	1.9	2.6
Divorced	9.8	10.2	6.9	8.1	10.3	10.6
Widowed	2.4	12.1	2.2	11.5	2.4	12.1
<b>Females</b>						
Total population age 15+	100.0	100.0	100.0	100.0	100.0	100.0
Never legally married (single)	40.1	8.8	32.9	7.7	41.6	9.1
Legally married (and not separated)	37.0	40.4	46.9	42.2	35.2	40.2
Separated, but still legally married	2.2	1.9	2.4	1.7	2.2	2.0
Divorced	11.5	8.6	9.2	8.4	11.9	8.8
Widowed	9.2	40.3	8.6	40.0	9.0	39.9

Note: This distribution does not take into account common-law status.

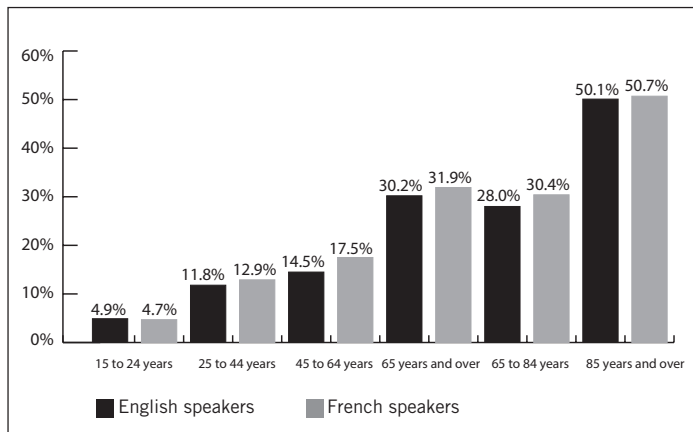
Source: Statistics Canada, 2006 Census of Population.

Overall, English speakers tend to be more often married (and not separated) than Francophones. This difference holds for seniors, though less than for the total population (age 15+). Among Anglophone and Francophone seniors, there are many more widows than widowers. Among English-speaking seniors, women have a 40% likelihood of being widowed, while only 12% of men are widowed—proportions that are almost identical to those among Francophones.

### 5.3.4. SIMILARLY LIVING ALONE

As can be expected, the likelihood that someone is living alone increases with age. (See Figure 1.) The proportion of English-speaking seniors living alone in private households is similar to that of Francophones, with a difference of only two percentage points for those 65 and older and those 65–84 years of age. These proportions are practically identical for Anglophones and Francophones 85 years of age and older (50%). It may be noted that this data does not indicate other living arrangements of seniors. A Statistics Canada 2011 census publication sheds light on the various living arrangements of seniors in Canada. It does not, however, provide provincial or linguistic details.<sup>79</sup>

Figure 1: Population Aged 15+ Living Alone in Private Households in Quebec, by Age Group and First Official Language Spoken (FOLS), 2006

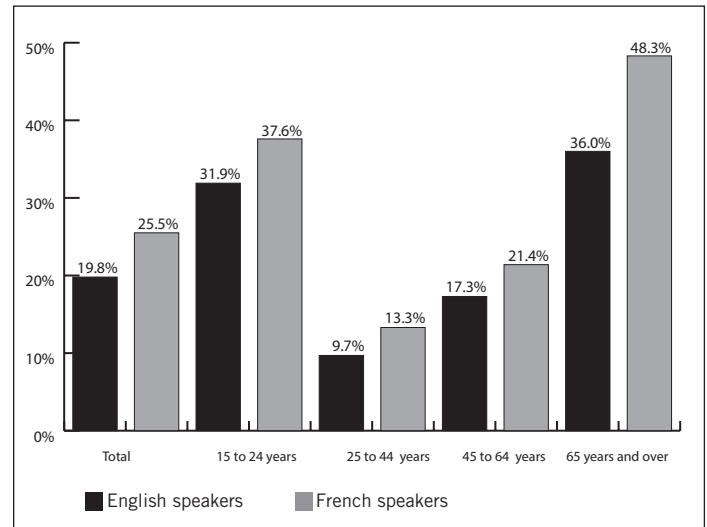


Source: Statistics Canada, 2006 Census of Population.

### 5.3.5. HIGHER EDUCATION LEVELS

The numbers in figures 2 and 3 show higher education levels among the English-speaking population compared with Francophones in all age groups over 15 years old. Figure 2 shows the proportion of the Quebec population, French- and English-speaking, who do not have high school certification.

Figure 2: Population Aged 15+ Without High School Certification in Quebec, by First Official Language Spoken (FOLS) and Age Group, 2006

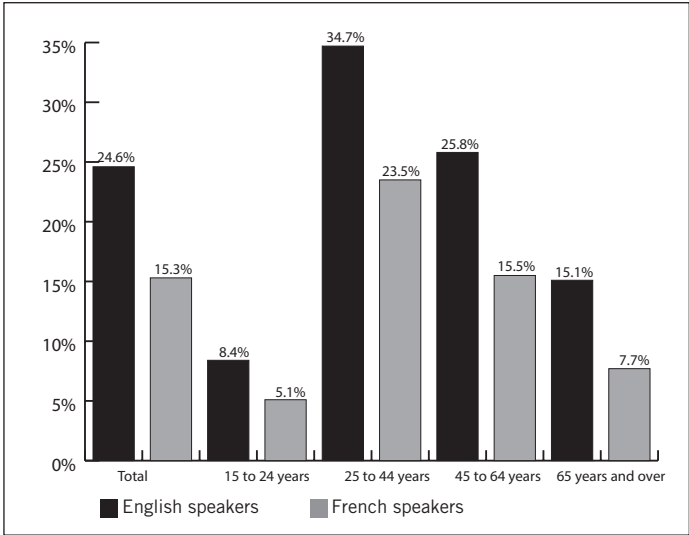


Source: Statistics Canada, 2006 Census of Population.

Overall, a greater proportion of English speakers (80%) have attained high school certification relative to the French-speaking population (75%). This discrepancy is largest in the seniors' group, with a 12% difference between the two language groups of that age. In the seniors' group, almost two-thirds (64%) of Anglophones have high school certification, compared with just 52% among Francophones.

The same pattern holds regarding university education (see Figure 3).

Figure 3: Population Aged 15 and over with a University Certification in Quebec, by First Official Language Spoken (FOLS) and Age Group, 2006



Source: Statistics Canada, 2006 Census of Population.

English speakers have completed university in greater proportions. This is true for all age groups, with the difference more pronounced in the seniors' group: twice as many Anglophone seniors (15.1%) than Francophone seniors (7.7%) have a university degree.

Completion of high school education means higher literacy and hence better capacity to understand instructions and to adhere to medical treatment. In general, higher education is associated with more positive health habits, which can provide greater capacity to handle the adaptations required by aging and hence increase longevity.

5.3.6. LESS BILINGUAL THAN YOUNGER ANGLOPHONES

For seniors living in Quebec, knowledge of both official languages is an important asset. English-speaking seniors are either more bilingual than or almost as bilingual as French speakers of any age group: 47% of English-speaking seniors are bilingual, compared with rates varying (according to age group) between 13% and 49% for Francophones. However, at 47%, proportionately fewer Anglophone seniors speak both languages than do their younger counterparts (65% of people aged 45 to 64 and 71% of those aged 25 to 44).

Table 10: Knowledge of English and French in Quebec, by First Official Language Spoken (FOLS) and Age Group, 2006

	Total FOLS	English FOLS	French FOLS
Total Population	7,435,905	994,728	6,373,228
Knowledge of English and French	3,017,860 40.6%	657,083 66.1%	2,360,783 37.0%
Age 0–14	1,251,410	159,660	1,068,285
Knowledge of English and French	231,695 18.5%	97,995 61.4%	133,705 12.5%
Age 15–24	944,765	134,400	808,720
Knowledge of English and French	492,595 52.1%	107,883 80.3%	384,713 47.6%
Age 25–44	2,070,820	313,505	1,749,930
Knowledge of English and French	1,078,920 52.1%	223,165 71.2%	855,755 48.9%
Age 45–64	2,168,000	254,678	1,899,998
Knowledge of English and French	889,870 41.0%	165,873 65.1%	723,993 38.1%
Age 65+	1,000,900	132,488	846,288
Knowledge of English and French	324,775 32.4%	62,163 46.9%	262,618 31.0%

Source: Statistics Canada, 2006 Census of Population.

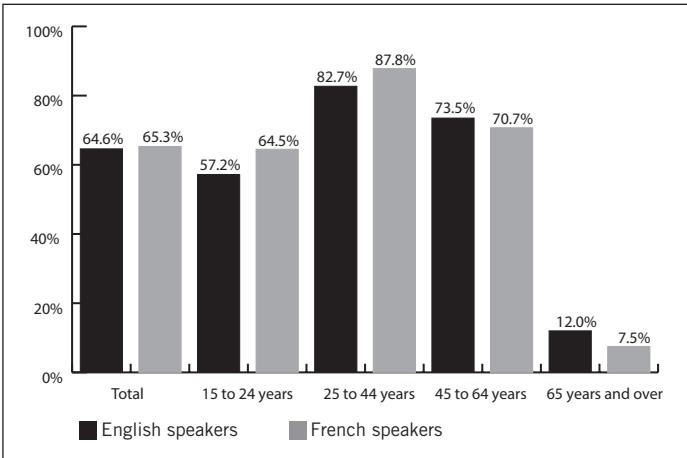
In situations where service in English is not available, more than half (53%) of English-speaking seniors may find themselves in a vulnerable position and depend on younger family members for interpretation or as intermediates to obtain services, in English or in French. This situation can put these seniors in a difficult position where health issues are concerned.

For the more than half of English-speaking seniors who are not bilingual, provision of programs, services and information in English is indispensable, whether provided at the federal, provincial, municipal or community level.

5.3.7. HIGHER PROPORTION STILL IN THE LABOUR FORCE

In the future, more Canadians are expected to remain in the workforce past retirement age,<sup>80</sup> but the current proportion of seniors who still work after their 65th birthday is relatively modest. Nevertheless, it is one third higher (12%) among English-speaking seniors than among French-speaking seniors (7.5%). (See Figure 4.)

Figure 4: Population Aged 15+ in the Labour Force in Quebec, by First Official Language Spoken and Age Group (FOLS), 2006



Source: Statistics Canada, 2006 Census of Population.

We do not know whether these working seniors are doing so out of necessity or choice. Depending on the reason for working past retirement age, a longer working period could have a positive or negative effect on health and longevity.

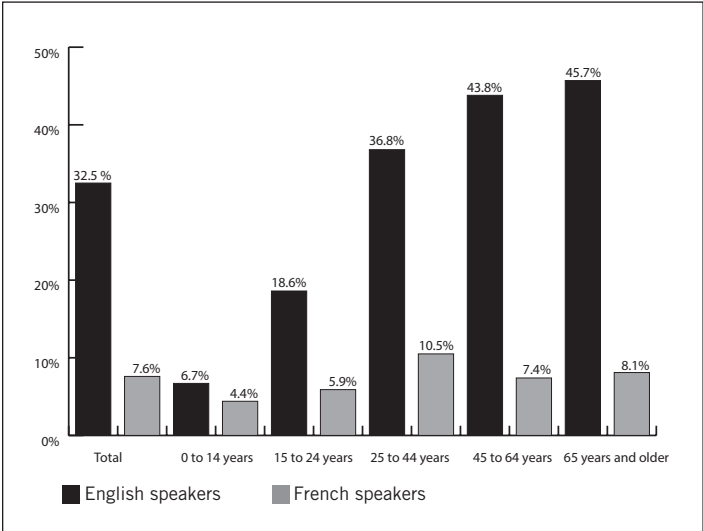
5.3.8. HIGHER PROPORTION OF IMMIGRANTS

In Quebec, the English-speaking population includes a higher proportion of immigrants than does the French-speaking majority (see Figure 5).

Striking differences are present between the two language groups and for every age group except the youngest.

Nearly one third of English speakers in Quebec were born in another country, which is more than four times that in the French-speaking population. Among English-speaking seniors, nearly half are immigrants, whereas this proportion is less than 10% among French-speaking seniors.<sup>81</sup>

Figure 5: Immigrant Population in Quebec, by First Official Language Spoken and Age Group (FOLS), 2006



Source: Statistics Canada, 2006 Census of Population.

5.3.9. HIGHER PROPORTION OF VISIBLE MINORITIES

The proportion of visible minorities is also higher among Anglophones. Members of visible minorities make up nearly a quarter (about 24%) of the total Quebec English-speaking population, whereas they account for only 6% of the total French-speaking population (see Table 11).

Table 11: Visible Minorities in the Total Population and Among Seniors in Quebec, by First Official Language Spoken (FOLS), 2006

Population	Total population	Population age 65+
English-speaking population	994,723	132,483
Visible minorities (no.)	240,298	14,525
Visible minorities (%)	24.2	11.0
French-speaking population	6,373,228	846,288
Visible minorities (no.)	377,313	14,560
Visible minorities (%)	5.9	1.7

Source: Statistics Canada, 2006 Census of Population.

Though only 11.0% of English-speaking seniors are members of a visible minority, this is still six times larger than the proportion among their French-speaking counterparts (which is not quite 2%).

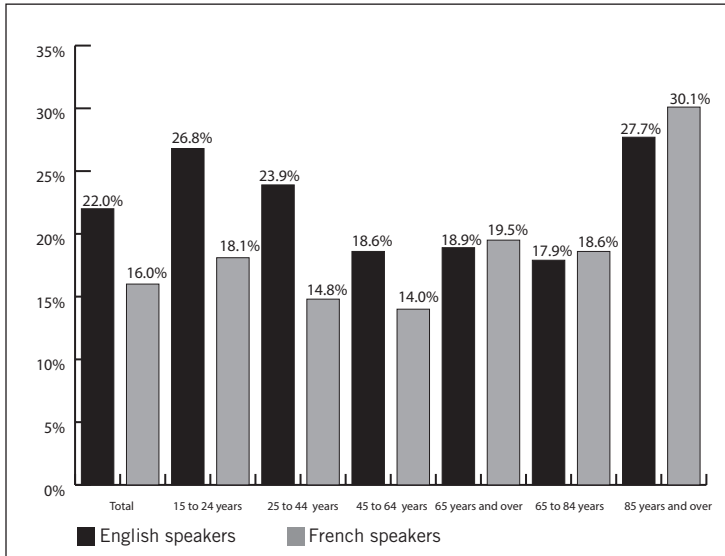
We can assume that the English-speaking visible-minority seniors are concentrated in Montréal, since Montréal is home to 78.4% of Quebec’s visible-minority members.<sup>82</sup>



### 5.3.10. SIMILAR PROPORTION LIVING IN POVERTY

Figure 6 shows the percentage of Anglophones and Francophones living below the low-income cut-off, a benchmark that Statistics Canada developed as an indication of poverty.<sup>83</sup>

Figure 6: Population Aged 15+ Living Below the Low-Income Cut-Off in Quebec, by First Official Language Spoken (FOLS) and Age Group, 2006



Source: Statistics Canada, 2006 Census of Population.

The proportions of Anglophone and Francophone seniors living below the low-income cut-off are almost identical (18% to 19%). For those aged 85 and over, this proportion climbs to an alarming 28% among Anglophones and 30% among Francophones.

These numbers are contrary to the widespread belief that Anglophones in Quebec are generally financially advantaged. A sizeable proportion of the English-speaking elderly live below the low-income cut-off. And the older they are, the more likely they are to be in that vulnerable situation.

The higher proportion of younger English speakers who are living below the low-income cut-off is also cause for concern. Their current difficult financial situation may lessen their capacity to look after older parents, and it may lessen their well-being as they age.

### 5.4. WHO IS CARING FOR QUEBEC'S ENGLISH-SPEAKING SENIORS?

This section deals with the younger-generation caregivers who may be called on to assist their older relatives, as well as the professionals who provide health services to seniors. This section also examines access to health information and the use of health services.

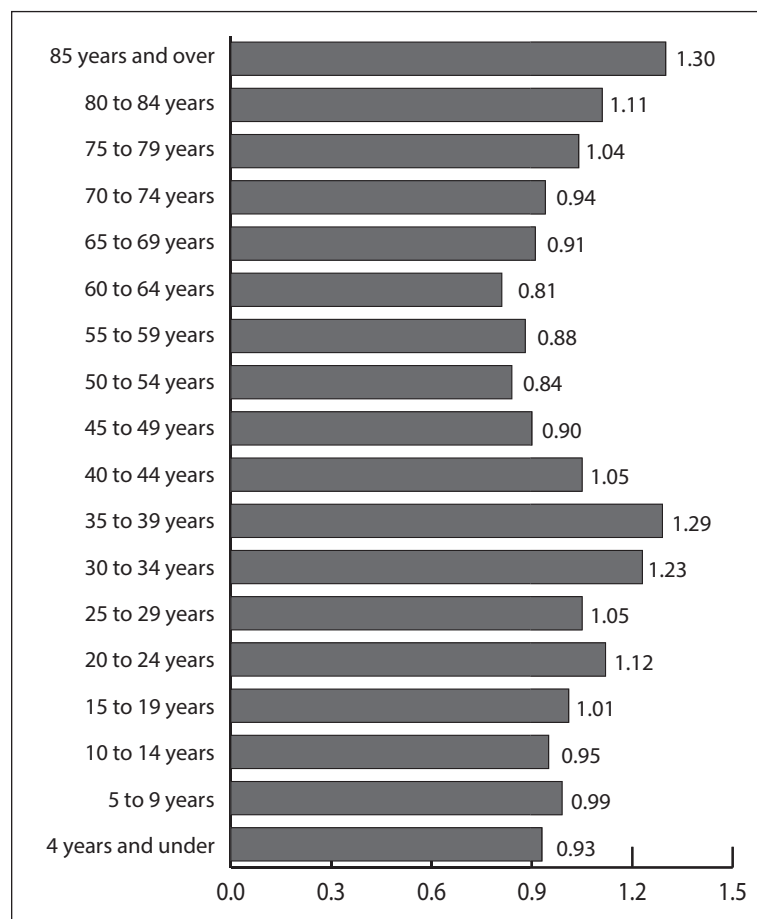
#### 5.4.1. FEWER CAREGIVERS

For seniors, the number of caregivers, including family or friends, who are available to provide assistance when needed can affect their quality of life, including their ability to maintain their independence. Due to the age structure of the English-speaking minority,<sup>84</sup> caregivers may be in short supply, especially in regions where the rate of aging is higher.

Figure 7 shows the minority-majority index based on the relative proportion of English and French speakers across the different age groups. Relative to French speakers province-wide, there are proportionately more Anglophone seniors aged 75 and over (and particularly more very elderly seniors), yet fewer adults in their middle years (aged 45–64), as well as fewer young seniors (aged 65–74). Younger adults (aged 20–39), on the other hand, are found in greater proportion among Anglophones than among Francophones.

This dip in the curve has been called the “missing middle:” the English-speaking population has larger proportions among its very elderly and its younger age groups than does the French-speaking population.<sup>85</sup>

Figure 7: Minority-Majority Index in Quebec, by Age Group and First Official Language Spoken (FOLS), 2006



Note: For complete data, see Appendix D.

Source: Statistics Canada, 2006 Census of Population.

As a result of the missing middle, the present generation of English-speaking seniors, and particularly the most elderly, may be short of caregivers—at least in certain regions. The numbers in Figure 7 are consistent with this interpretation.

If the caregiving years are considered to take place between the ages of 35 and 54, a caregiver-to-senior ratio can be calculated using the number of persons of caregiving age and the number of seniors. A low ratio indicates that there are fewer potential caregivers to provide assistance to seniors,<sup>86</sup> as shown in table 12.

Table 12: Caregiver-to-Senior Ratio and Minority-Majority Index (MMI) in Quebec, by First Official Language Spoken (FOLS) and Health Region, 2006

Region	English FOLS			French FOLS			
	Age 35-54	Age 65+	Caregiver-to-senior ratio	Age 35-54	Age 65+	Caregiver-to-senior ratio	MMI
<b>Province of Quebec</b>	<b>315,551</b>	<b>132,486</b>	<b>2.38</b>	<b>2,013,596</b>	<b>846,286</b>	<b>2.38</b>	<b>1.00</b>
Gaspésie—Îles-de-la-Madeleine	2,881	1,996	1.44	27,791	13,861	2.00	0.72
Bas-Saint-Laurent	491	210	2.34	61,411	30,325	2.03	1.15
La Capitale-Nationale	3,891	1,959	1.99	197,636	93,139	2.12	0.94
Chaudière-Appalaches	1,204	643	1.87	119,109	50,843	2.34	0.80
Estrie	6,611	5,166	1.28	81,196	36,261	2.24	0.57
Centre-du-Québec	896	425	2.11	66,006	29,790	2.22	0.95
Montréal	46,483	19,644	2.37	384,688	141,174	2.72	0.87
Montréal	186,543	78,794	2.37	351,703	171,649	2.05	1.16
Laval	23,251	7,171	3.24	92,881	41,306	2.25	1.44
Lanaudière	3,654	1,627	2.25	136,729	47,457	2.88	0.78
Laurentides	10,504	5,689	1.85	157,059	54,099	2.90	0.64
Outaouais	19,604	6,321	3.10	93,219	29,531	3.16	0.98
Abitibi-Témiscamingue	1,791	783	2.29	44,376	16,288	2.72	0.84
Mauricie	820	528	1.55	78,655	41,273	1.91	0.81
Saguenay—Lac-Saint-Jean	592	350	1.69	85,187	38,245	2.23	0.76
Côte-Nord	1,841	711	2.59	29,941	9,926	3.02	0.86
Nord-du-Québec	4,463	373	11.97 <sup>87</sup>	6,023	1,138	5.29	2.26

Source: Statistics Canada, 2006 Census of Population.

Province-wide, the caregiver-to-senior ratio is identical for Francophones and Anglophones (2.38 potential caregivers per senior). This is also the case in the Outaouais region, where a high ratio of 3.1 is obtained for Anglophones and Francophones alike.

However, in 13 out of 17 regions, there are fewer potential caregivers per senior in the English-speaking population. The widest discrepancies are in Estrie and Laurentides.

The Estrie region has 1.28 Anglophone caregivers per Anglophone senior—about half the number of caregivers available in the majority population of the same region (2.24). This results in a minority-majority index of 0.57.

### 5.4.2. GREATER UNPAID CARE TO SENIORS

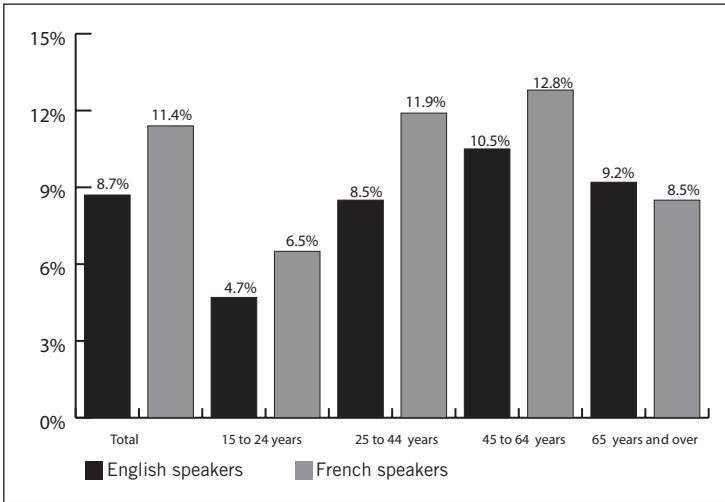
The amount of unpaid care being provided by family members or friends to senior citizens is an indication of the stress being put on caregivers and on the needs of those receiving the care.

In Canada, 3.1% of the population provides unpaid care to seniors 10 hours or more weekly. The same proportion of English-speaking Quebecers provides unpaid care to their older relatives or friends, while among French-speaking Quebecers, this percentage is 2.3%, according to 2006 Census data (see appendix E).

### 5.4.3. SIGNIFICANT PARTICIPATION IN HEALTH AND SOCIAL SERVICES

Figure 8 shows a significant number of Anglophones working in the health and social services sector. For all age groups, the difference between the representation of Francophones and Anglophones is only about 2%, while for workers aged 65 years old, their relative presence is almost equal.

Figure 8: Worker Participation in Health Care and Social Services in Quebec by First Official Language Spoken (FOLS) and Age Group, 2006



Source: Statistics Canada, 2006 Census of Population.

Nevertheless, while health and social services professionals may contribute to determining the allocation of resources and the type of services to be offered, planning for services is also carried out by civil servants. These civil servants may or may not be aware of Quebec's Anglophone community and its specific needs.

Data from a 2010 Statistics Canada study on the English-speaking population of Quebec indicates that Anglophones make up only 2.8% of Quebec's public service.<sup>88</sup> With the limited participation of Anglophones in provincial institutions, some opportunities for connecting and networking between these institutions and the English-speaking communities and vice versa may be missed.

### 5.4.4. AVAILABILITY OF HEALTH PROFESSIONALS

Access to health services is a major concern for all Canadians, but Canadians in OLMCs also deal with finding professionals who are available in their region and who speak their language. Access to health services in one's language is particularly crucial for seniors. Based on a Statistics Canada study on health care professionals and OLMCs,<sup>89</sup> this section provides data on total numbers of health professionals in Quebec and on those who are able to provide services in the minority language, as an indicator of access to health services in that language.

We start by providing general figures about the number of health professionals in Quebec. Table 13 shows the number of health professionals available in Quebec compared with the rest of Canada.

Table 13: Health Care Professionals in Canada and in Quebec, by Profession, 2006 (number per 100,000 inhabitants)

	Canada other than Quebec (no. per 100,000 inhabitants)	Quebec (no. per 100,000 inhabitants)
<strong>Health care professionals</strong>		
Doctors	129	142
Nurses	898	825
Psychologists	46	95
Social workers	159	150
Other health care professionals	1,988	2,259

Source: Statistics Canada, *Health Care Professionals and Official-Language Minorities in Canada*, Catalogue 91-550-X.

In Quebec, relative to the rest of Canada, per 100,000 habitants, there are slightly fewer nurses and social workers but more doctors and twice as many psychologists. The number of health care workers in other professions is also greater in Quebec. Overall, the number of health professionals in Quebec is comparable to that in the rest of Canada.<sup>90</sup>

Table 14 shows the number of health care professionals in Quebec who are able to conduct a conversation in English, as well as the proportion who use the minority language in their practice at least regularly.

A high percentage of health care professionals, especially doctors (85.5%), are able to speak English. The lowest level of bilingualism is among nurses, at 45%.

The percentage of professionals who use the minority language at least regularly at work varies from about 30% among psychologists and social workers to more than 50% among doctors.

However, there are regional variations, both in the level of bilingualism and in the use of the minority language (see Table 15).

Table 14: Health Care Professionals in Quebec with a Knowledge of English and Who Use English at Least Regularly at Work, by Profession, 2006

Quebec			
Health care professionals	Total (no.)	Knowledge of English (no.)	Knowledge of English (%)
Doctors	10,540	9,025	85.5
Nurses	61,320	27,535	44.9
Psychologists and social workers	18,230	10,125	55.5
Other health care professionals	167,940	83,135	49.5
Total	258,030	129,820	50.3
Health care professionals	Total (no.)	Use English at least regularly at work (no.)	Use English at least regularly at work (%)
Doctors	10,540	5,395	51.1
Nurses	61,320	22,555	36.8
Psychologists and social workers	18,230	5,365	29.4
Other health care professionals	167,940	59,530	35.4
Total	258,030	92,845	36.0

Note: "At least regularly" includes, in this case, health professionals who declared, in the Census question on language of work, that they use this language most often (alone or with another language), or regularly (alone or with another language).

Source: Statistics Canada, *Health Care Professionals and Official-Language Minorities in Canada*, Catalogue 91-550-X.

Table 15: Health Care Professionals in Quebec with a Knowledge of English and Who Use English at Least Regularly at Work, by Region, 2006

Quebec			
Region	Total (no.)	Knowledge of English (no.)	Knowledge of English (%)
Total	258,030	129,820	50.3
East	13,725	3,860	28.1
Estrie and South	19,425	9,890	50.9
Montréal	126,800	80,915	63.8
West	13,210	7,530	57.0
Québec City and surrounding area	51,790	16,390	31.6
Rest of Quebec	33,080	11,215	33.9
Region	Total (no.)	Use English at least regularly at work (no.)	Use English at least regularly at work (%)
Total	258,030	92,845	36.0
East	13,725	2,305	16.8
Estrie and South	19,425	7,645	39.4
Montréal	126,800	67,130	52.9
West	13,210	6,310	47.8
Québec City and surrounding area	51,790	4,360	8.4
Rest of Quebec	33,080	5,095	15.4

Source: Statistics Canada, *Health Care Professionals and Official-Language Minorities in Canada*, Catalogue 91-550-X.

The level of bilingualism among health care professionals remains quite high even at the regional level, with the lowest proportions in the East region (28%) and in the Québec City area (32%). Not surprisingly, the highest rate of professionals with knowledge of English (almost 64%) is in Montréal.

The proportion of health care professionals who use English at least regularly in their practice at the provincial level is 36%—and in Montréal, this figure is almost 53%. It is important to note that the number and proportion of bilingual professionals are always greater than the number and proportion that use the language at least regularly in their practice. This discrepancy may be due, at least in part, to lack of opportunity to use the English language in their work in regions with few Anglophones.

In all regions, the proportion of health professionals who can speak English is greater than the proportion of English-speaking residents. Though this does not necessarily mean that all needs are being met, it does demonstrate the fair representation of professionals who can speak English relative to the English-speaking population.



Table 16: English-Speaking Population in Quebec, by Region, 2006

Region	No.	%
Total	994,720	13.4
East	16,430	4.3
Estrie and South	51,210	8.7
Montréal	800,600	22.3
West	64,075	13.3
Québec City and surrounding area	17,375	1.3
Rest of Quebec	45,030	4.1

Source: Statistics Canada, *Health Care Professionals and Official-Language Minorities in Canada*, Catalogue 91-550-X.

Nevertheless, considering the overall shortage of health care professionals in relation to the actual needs, particularly in rural areas and in certain professional sectors, English-speaking patients may give up looking for a doctor, specialist or professional who can speak their language and decide to see any health care professional who is available.

## 5.5. SENIORS' ACCESS TO AND USE OF PUBLIC SERVICES AND INFORMATION

This section examines Anglophone and Francophone seniors' use of the various health services and the availability of information on health and social services in their language.

The findings are based on a CROP-CHSSN survey on access to information on health and social services and use of these services. Tables 17 and 18 present data for persons aged 60 years and over, both French and English.<sup>91</sup>

Table 17: Access to Health and Social Services and Access to Information on those Services among Seniors Aged 60+, by Language Group in Quebec, 2010

Respondents who used the following services in the past 12 months	English speakers (%)	French speakers (%)
Doctor's services in a private office or clinic	77.0	74.2
CLSC services	55.5	44.5
Info-Santé services	16.9	29.1
Hospital emergency room or outpatient clinic	48.1	48.3
Hospital with at least one overnight stay	23.4	23.0
Respondents who received information in their own language in the past two years	English speakers (%)	French speakers (%)
Received information about public health and social services	47.7	55.1
Source of information received by respondents in their own language	English speakers (%)	French speakers (%)
Public health and social service institutions	39.1	44.7
Community organization	36.4	34.7
Newspaper	14.3	13.5
Means by which respondents obtained information in their own language	English speakers (%)	French speakers (%)
Telephone call or visit	25.4	44.3
Information meeting	11.3	18.5
Flyers in public location	63.6	53.7
Web site	8.2	17.0
Other	13.8	20.4

Note: Questions varied for English and French respondents. Questions for the former addressed access to services in English whereas the language was not specified for French respondents. Source: Community Health and Social Services Network, *Access to Health and Social Services: A Comparison of French & English-language CROP-CHSSN Survey Samples*.

Regarding use of the various services, English and French speakers aged 60 and over had used the hospital emergency room and consulted a doctor in a private office in similar proportions. However, English speakers tended to use CLSC services more often and Info-Santé less frequently than did their French counterparts.

Less than half of Anglophone seniors (48%) had received information about health and social services in English.

Proportionally fewer English-speaking respondents obtained information in English on those services from public health and social service institutions. Instead, information reached them via community organizations (possibly English-speaking organizations that disseminate information in English) and newspapers.

The means by which respondents obtained information on public health and social services differed notably between English-speaking persons over the age of 59 and their French-speaking equivalents. A much smaller proportion of English speakers had obtained the information via telephone, a visit, a Web site or a meeting. They more frequently got their information from flyers they picked up in public locations than did Francophones.

This pattern may be due to behavioural differences, but it may also suggest a shortage of certain types of communication in English (that is, telephone service, public information meetings, or Web sites), requiring English speakers to resort to more haphazard ways of finding information, such as picking up flyers in public places.

The survey also asked seniors where they would seek support in case of illness. English-speaking seniors appear to rely more frequently on relatives (66%) than do French speakers (58%), whereas all respondents had relied on friends, community resources, and public health and social service institutions in similar proportions.

Table 18: Source of Support in Case of Illness for English- and French-speaking Seniors Aged 60+ in Quebec, 2010

Source of support	English speakers (%)	French speakers (%)
Relatives	65.9	58.0
Friends	10.7	11.1
Community resource	3.3	3.3
Public health and social service institutions	16.8	18.7
Nobody	2.0	5.1
Other	1.3	3.7

Source: Community Health and Social Services Network, *Access to Health and Social Services: A Comparison of French & English-language CROP-CHSSN Survey Samples*.

## 6. CONCLUSIONS AND RECOMMENDATIONS

This study explored federal policy and program support to seniors in OLMCs, as well as the situation of Quebec’s English-speaking seniors. A cursory review of available information and data on OLMC seniors, particularly Quebec’s English-speaking seniors, showed that information was fragmentary and dispersed: most of it focused either on seniors or on OLMCs.

The first component of the study examined federal policy and program support for seniors in general and, in particular, for OLMC seniors and their organizations. National policy on seniors and aging, with its accompanying array of consultative or governing bodies, frameworks, mechanisms and tools, does seem to take OLMC seniors into account to some degree. However, it is not clear whether national policy systematically and fully considers OLMCs—French as well as English—in accordance with the Government of Canada’s commitment under Part VII of the Act, particularly considering the high rate of aging in OLMCs across Canada.

Two federal institutions have key policy roles relevant to either OLMCs or seniors: PCH, in its coordination role of Part VII in support to OLMCs’ development, and HRSDC, in its support functions to federal policy bodies responsible for seniors.

The two institutions do connect: for example, with HRSDC’s Interdepartmental Committee on Seniors and PCH’s participation in that committee.

However, there may be further opportunities for coordination to ensure that seniors in both OLMCs are consulted and considered in the development of policies that concern seniors. Regarding this, we noted that the Special Senate Committee on Aging recommended that the federal government establish effective interdepartmental collaboration on official language minority seniors that includes their participation in advisory groups.<sup>92</sup> It is expected that the creation of Seniors Action Quebec, a new provincial organization representing Quebec's English-speaking seniors, will facilitate the connection between federal policy bodies that deal with seniors' issues and OLMC seniors and their organizations in Quebec.

Consequently, the Commissioner of Official Languages makes this recommendation:

## **RECOMMENDATION 1**

Federal institutions whose activities affect English-speaking seniors in Quebec and French-speaking seniors outside Quebec, especially Human Resources and Skills Development Canada (now Employment and Social Development Canada) and Canadian Heritage, should take measures to ensure that representatives of these groups are systematically consulted in the development and implementation of policies and programs that affect seniors. These institutions should also ensure that programs and support available to seniors are promoted in a targeted manner in official language minority communities. The Commissioner expects these institutions to report on these measures by March 31, 2015.

Federal funding appears to be geared either to OLMCs or to seniors, although OLMC seniors may be among the program beneficiaries. In the absence of federal programs geared specifically to OLMC seniors, the Commissioner of Official Languages makes this recommendation:

## **RECOMMENDATION 2**

For federal funding programs offered by Canadian Heritage, Human Resources and Skills Development Canada (now Employment and Social Development Canada), Health Canada and Status of Women Canada, the funding institutions should identify programs of interest to seniors and ensure that representatives of seniors' groups in official language minority communities are systematically informed and encouraged to submit proposals for projects. For accountability purposes, the funding institutions should record the status of proposals and of approved projects benefitting official language minority communities. The Commissioner expects the above-mentioned institutions to report on measures taken in this regard by March 31, 2015.

This study provides only a glimpse into the situation of Quebec's English-speaking seniors. Nevertheless, the findings show that several regions of Quebec have higher rates of aging in their English-speaking population—rates comparable to countries with the highest aging populations. Quebec's English-speaking senior population contains a much higher proportion of immigrants and of visible minorities than does the French-speaking senior population in Quebec. In addition, a high proportion of Anglophone seniors live below the low-income cut-off. Finally, the shortage of caregivers may be more acute for Anglophone seniors than for Francophones.

Less than half of the English-speaking seniors—and fewer of the oldest—are bilingual, which points out a problem regarding equitable access to and use of public services and information if government and non-governmental organizations do not provide them in English. According to a CHSSN survey, not quite half of Anglophone seniors had had access to information on health and social services in English; census data shows wide disparities across regions in the availability of health professionals who speak English. Thus, the need for services in English may not always be met.

Though these findings are exploratory, they indicate that further research is warranted. For instance, we are not yet able to completely describe the situation of seniors at the regional level. Regional data would help, considering that situations can differ drastically from one region to another, especially between Montréal and the rest of the province. Supported by the Quebec English-Speaking Communities Research Network, a wide consultation is currently underway to obtain local information on seniors' needs and the services provided to them. The Institut national de santé publique is studying health indicators and the health status of Quebec's English-speaking population. Yet, in terms of research and analysis on the situation of Quebec's English-speaking seniors in particular, there is still much work to be done on various issues.

The Commissioner of Official Languages therefore makes this recommendation:

### **RECOMMENDATION 3**

According to their research capacity, Canadian Heritage, Human Resources and Skills Development Canada (now Employment and Social Development Canada), Health Canada, the Public Health Agency of Canada, the Canadian Institutes of Health Research and Status of Women Canada should consult with the appropriate experts to identify research gaps that concern official language minority community seniors and undertake a coordinated interdepartmental effort to conduct or support research to fill these knowledge gaps.

In the future, seniors will constitute a larger part of our society, and this is especially true in OLMCs. Rather than being seen as a cause for additional costs to society, seniors should be considered as a source of experience and skills. They are an asset to any community. Seniors are living longer and healthier lives. Many participate fully in initiatives and activities that foster community spirit, and they provide invaluable services to their peers and to other members of the community. In OLMCs, seniors also play an important role in the transmission of language and culture. Thus, the presence of seniors who are able to remain as healthy and active as possible is essential to community vitality.

We hope that the Government of Canada will recognize the important contributions that OLMC seniors make to their communities and take the necessary measures to protect and enhance that contribution.

## **APPENDIX A**

### **INFORMATION ON SERVICES FOR INDIVIDUAL SENIORS**

#### **Government of Canada**

Seniors.gc.ca, *Information for Seniors*. On-line version ([www.seniors.gc.ca/info](http://www.seniors.gc.ca/info)) accessed January 25, 2013.  
Provides customized access to programs and services according to provinces and territories or according to needs.

Service Canada, *Services for Seniors*. On-line version ([www.servicecanada.gc.ca/eng/audiences/seniors/index.shtml](http://www.servicecanada.gc.ca/eng/audiences/seniors/index.shtml)) accessed January 24, 2013.

Service Canada, *Services for Seniors Guide*. On-line PDF version ([www.seniors.gc.ca/images/upload/canada/141/ISBP344-03-08E.pdf](http://www.seniors.gc.ca/images/upload/canada/141/ISBP344-03-08E.pdf)) accessed January 25, 2013.

#### **Government of Quebec**

Services Québec – Citizens, *Programs and Services for Seniors 2012–2013*. On-line version (<http://www4.gouv.qc.ca/EN/portail/citoyens/evenements/aines/pages/accueil.aspx>) accessed January 25, 2013.

#### **Community Organizations**

Quebec Community Groups Network, QuebecSeniors.Info, *Database of English Services for Seniors*. On-line version ([www.quebecseniors.info/](http://www.quebecseniors.info/)) accessed January 25, 2013.

Cummings Jewish Centre for Seniors, Social Action Department, *A Guide for Seniors and their Families on Government Programs and Services*, July 2011. On-line version ([www.cummingscentre.org/system/files/Govt\\_guide\\_of\\_services\\_2011.pdf](http://www.cummingscentre.org/system/files/Govt_guide_of_services_2011.pdf)) accessed on January 25, 2013.

West Island Community Resource Centre, *West Island Seniors' Index*. On-line version ([www.crcinfo.ca/index.php?option=com\\_content&view=category&layout=blog&id=11&Itemid=35](http://www.crcinfo.ca/index.php?option=com_content&view=category&layout=blog&id=11&Itemid=35)) accessed January 25, 2013.

Outaouais Health and Social Services Network, *Directory of Services for English-speaking Seniors*, 2010. On-line PDF version ([www.ohssn.org/Documents/SeniorsServiceDirectory.pdf](http://www.ohssn.org/Documents/SeniorsServiceDirectory.pdf)) accessed January 25, 2013.

## **APPENDIX B**

### **INTERVIEW QUESTIONS**

#### **Support to seniors in general**

1. What is the general mandate of your institution or branch with respect to individual seniors and/or to organizations serving seniors? (For institutions or branches which offer both, the set of questions below will be directed to individual support followed by support to organizations.)
2. What type(s) of support does your institution or branch provide to seniors (programs, services, funding, information and/or other)? Please list and describe the types of support offered and provide me with sources where further information can be found.
3. What is the rationale for provision of these types of support to seniors? Are particular age groups targeted?
4. How would you describe the context of implementation for these types of support?
5. What mechanisms are used for the delivery and/or dissemination of these types of support? For example: In the case of support through funding, what are the admissibility criteria? In the case of support through information, what are the strategies and means for dissemination?

#### **Support to seniors in official language minority communities in particular**

6. Are official language minority communities (Anglophones in Quebec and Francophones elsewhere in Canada) taken into account in the design, delivery and dissemination of the types of support provided to seniors by your institution or branch? Please elaborate.
7. Are you (or is your branch) aware of particular challenges for seniors in official language minority communities? Please elaborate.
8. To your knowledge, has your institution or branch received requests for support to seniors in official language minority communities? Please elaborate.
9. To your knowledge, are there particular challenges in providing support to seniors living in official language minority communities? If so, for which communities? Please elaborate.
10. Has the support provided by your institution or branch to seniors in general and/or in official language minority communities in particular been successful? If so, please elaborate and provide examples.

## APPENDIX C

### QUEBEC'S FRENCH-SPEAKING SENIORS, BY AGE GROUP AND HEALTH REGION, 2006

Region	Total	Age 65–84	Age 85+	Age 65+
<b>Province of Quebec</b>	<b>6,369,265</b>	<b>780,825</b>	<b>65,430</b>	<b>846,255</b>
01 – Bas-Saint-Laurent	194,625	27,870	2,440	30,310
02 – Saguenay–Lac-Saint-Jean	267,290	35,385	2,850	38,235
03 – La Capitale-Nationale	636,530	84,925	8,220	93,145
04 – Mauricie–Centre-du-Québec	466,360	65,695	5,375	71,070
05 – Estrie	269,745	33,150	3,105	36,255
06 – Montréal	1,182,490	155,880	15,770	171,650
07 – Outaouais	278,285	27,495	2,050	29,545
08 – Abitibi-Témiscamingue	136,355	15,235	1,050	16,285
09 – Côte-Nord	88,445	9,435	485	9,920
10 – Nord-du-Québec	14,570	1,075	30	1,105
11 – Gaspésie–Îles-de-la-Madeleine	83,640	12,715	1,140	13,855
12 – Chaudière-Appalaches	383,470	46,675	4,165	50,840
13 – Laval	290,765	38,420	2,890	41,310
14 – Lanaudière	414,115	44,495	2,965	47,460
15 – Laurentides	471,945	50,890	3,200	54,090
16 – Montérégie	1,190,635	131,485	9,695	141,180

Source: Statistics Canada, 2006 Census of Population.

Region	Total (no.)	Age 65–84 (%)	Age 85+ (%)	Age 65+ (%)
<b>Province of Quebec</b>	<b>6,369,265</b>	<b>12.3</b>	<b>1.0</b>	<b>13.3</b>
01 – Bas-Saint-Laurent	194,625	14.3	1.3	15.6
02 – Saguenay–Lac-Saint-Jean	267,290	13.2	1.1	14.3
03 – La Capitale-Nationale	636,530	13.3	1.3	14.6
04 – Mauricie–Centre-du-Québec	466,360	14.1	1.2	15.2
05 – Estrie	269,745	12.3	1.2	13.4
06 – Montréal	1,182,490	13.2	1.3	14.5
07 – Outaouais	278,285	9.9	0.7	10.6
08 – Abitibi-Témiscamingue	136,355	11.2	0.8	11.9
09 – Côte-Nord	88,445	10.7	0.5	11.2
10 – Nord-du-Québec	14,570	7.4	0.2	7.6
11 – Gaspésie–Îles-de-la-Madeleine	83,640	15.2	1.4	16.6
12 – Chaudière-Appalaches	383,470	12.2	1.1	13.3
13 – Laval	290,765	13.2	1.0	14.2
14 – Lanaudière	414,115	10.7	0.7	11.5
15 – Laurentides	471,945	10.8	0.7	11.5
16 – Montérégie	1,190,635	11.0	0.8	11.9

Source: Statistics Canada, 2006 Census of Population.



## APPENDIX D

### AGE GROUPS IN QUEBEC, BY FIRST OFFICIAL LANGUAGE SPOKEN, MINORITY-MAJORITY INDEX (MMI), 2006

Age group	Total (no.)	English (no.)	French (no.)	English (%)	French (%)	MMI
<b>Total population by age group (years)</b>	<b>7,435,905</b>	<b>994,723</b>	<b>6,373,228</b>	<b>100.0</b>	<b>100.0</b>	
0-4	375,170	45,163	310,318	4.5	4.9	0.93
5-9	398,485	52,925	342,565	5.3	5.4	0.99
10-14	477,760	61,568	415,403	6.2	6.5	0.95
15-19	474,110	64,463	409,048	6.5	6.4	1.01
20-24	470,660	69,938	399,673	7.0	6.3	1.12
25-29	490,825	68,813	420,653	6.9	6.6	1.05
30-34	464,715	74,613	388,523	7.5	6.1	1.23
35-39	499,780	83,688	414,118	8.4	6.5	1.29
40-44	615,495	86,395	526,635	8.7	8.3	1.05
45-49	640,420	78,243	559,193	7.9	8.8	0.90
50-54	583,990	67,225	513,650	6.8	8.1	0.84
55-59	520,015	62,265	454,255	6.3	7.1	0.88
60-64	423,575	46,945	372,900	4.7	5.9	0.81
65-69	309,780	38,080	267,215	3.8	4.2	0.91
70-74	262,495	32,835	224,405	3.3	3.5	0.94
75-79	209,710	28,528	175,593	2.9	2.8	1.04
80-84	136,875	19,730	113,635	2.0	1.8	1.11
85+	82,035	13,313	65,438	1.3	1.0	1.30

Source: Statistics Canada, 2006 Census of Population.

## APPENDIX E

### UNPAID CARE TO SENIORS WEEKLY, BY PROVINCE AND TERRITORY AND BY FIRST OFFICIAL LANGUAGE SPOKEN (FOLS), MINORITY-MAJORITY INDEX (MMI), 2006

	Total FOLS		English FOLS		French FOLS		English FOLS	French FOLS	MMI
	Total population age 15+ by hours spent providing unpaid care or assistance to seniors	10 hours or more of unpaid care or assistance to seniors weekly	Total population age 15+ by hours spent providing unpaid care or assistance to seniors weekly	10 hours or more of unpaid care or assistance to seniors weekly	Total population age 15+ by hours spent providing unpaid care or assistance to seniors weekly	10 hours or more of unpaid care or assistance to seniors weekly	10 hours or more of unpaid care or assistance to seniors weekly	10 hours or more of unpaid care or assistance to seniors weekly	10 hours or more of unpaid care or assistance to seniors weekly
	(no.)						(%)		(MMI)
Canada	25,664,225	779,920	19,080,770	616,453	6,177,145	147,968	3.2	2.4	0.74
Newfoundland and Labrador	422,385	17,830	420,153	17,770	1,748	35	4.2	2.0	0.47
Prince Edward Island	110,205	3,485	105,530	3,370	4,640	120	3.2	2.6	0.81
Nova Scotia	756,595	27,375	726,445	26,300	29,300	1,055	3.6	3.6	0.99
New Brunswick	601,425	19,655	398,245	12,888	202,650	6,743	3.2	3.3	1.03
Quebec	6,184,490	148,870	835,070	25,948	5,304,940	121,393	3.1	2.3	1.36
Ontario	9,819,420	314,125	9,138,088	291,940	465,068	14,255	3.2	3.1	0.96
Manitoba	908,450	32,505	862,718	31,025	38,603	1,130	3.6	2.9	0.81
Saskatchewan	766,235	26,560	750,548	26,115	13,873	360	3.5	2.6	0.75
Alberta	2,625,140	74,475	2,537,678	71,870	57,598	1,425	2.8	2.5	0.87
British Columbia	3,394,910	111,270	3,235,045	105,653	56,480	1,413	3.3	2.5	0.77
Yukon	24,490	910	23,368	888	1,023	18	3.8	1.8	0.46
Northwest Territories	31,135	1,305	29,985	1,275	860	15	4.3	1.7	0.41
Nunavut	19,340	1,555	17,915	1,420	365	10	7.9	2.7	0.35

Source: Statistics Canada, 2006 Census of Population.

## NOTES

### INTRODUCTION

<sup>1</sup> Fédération des aînées et des aînés francophones du Canada, *Profil statistique 2006 des personnes âgées francophones au Canada*, February 2010. On-line version ([www.faafc.ca/sites/default/files/Profil%20statistique%20-%202006%20-%20Version%20finale.pdf](http://www.faafc.ca/sites/default/files/Profil%20statistique%20-%202006%20-%20Version%20finale.pdf)) accessed March 14, 2013. [French only]

<sup>2</sup> Quebec Community Groups Network, *Seniors: Key Priorities for English-Speaking Seniors*, November 2012. On-line version (<http://qcgn.squarespace.com/seniors>) accessed January 31, 2013.

<sup>3</sup> The data was compiled and analyzed in winter 2012, before the publication of the 2011 Census data on language in fall 2012 and the release, from the spring of 2013, of National Household Survey data.

<sup>4</sup> First official language spoken is derived from the three Census language questions in the following order: knowledge of the two official languages, mother tongue and home language. From Statistics Canada, “First official language spoken,” *Census Dictionary*, Catalogue no. 98-301-X2011001, 2011, p. 26. On-line version (<http://www12.statcan.gc.ca/census-recensement/2011/ref/dict/pop034-eng.cfm>) accessed July 16, 2013.

<sup>5</sup> Statistics Canada, *A Portrait of Seniors in Canada 2006*, Catalogue no. 89-519-XIE, 2007. On-line version ([www.statcan.gc.ca/pub/89-519-x/89-519-x2006001-eng.pdf](http://www.statcan.gc.ca/pub/89-519-x/89-519-x2006001-eng.pdf)) accessed January 10, 2013.

### INTERNATIONAL AND NATIONAL POLICY CONTEXT

<sup>6</sup> The term “aging” is spelled as such throughout the report. However, it is spelled “ageing” when referring to documents that use that spelling.

<sup>7</sup> United Nations, *Political Declaration and Madrid International Plan of Action on Ageing 2002*. On-line version (<http://social.un.org/index/Ageing/Resources/MadridInternationalPlanofActiononAgeing.aspx>) accessed January 10, 2013.

<sup>8</sup> Health Canada, *Principles of the National Framework on Aging: A Policy Guide*, prepared for the federal/provincial/territorial ministers responsible for seniors, March 1998, pp. 4–6. On-line version (<http://publications.gc.ca/collections/Collection/H88-3-21-1998E.pdf>) accessed January 10, 2013.

<sup>9</sup> *Ibid.*, p. 10.

<sup>10</sup> United Nations, *Op. cit.*

<sup>11</sup> Government of Canada, *Addressing the Challenges and Opportunities of Ageing in Canada, Prepared for the United Nations Commission for Social Development for the 5th Anniversary of the 2002 United Nations Second World Assembly on Ageing*, 2007. On-line version ([www.hrsdc.gc.ca/eng/seniors/reports/aging.shtml](http://www.hrsdc.gc.ca/eng/seniors/reports/aging.shtml)) accessed January 10, 2013.

<sup>12</sup> Government of Canada, *National Follow-up to the United Nations Economic Commission for Europe (UNECE) Regional Implementation Strategy for the Madrid International Plan of Action on Ageing (MIPAA)*, June 2012. On-line version ([www.unece.org/fileadmin/DAM/pau/age/country\\_rpts/CAN\\_report\\_en.pdf](http://www.unece.org/fileadmin/DAM/pau/age/country_rpts/CAN_report_en.pdf)) accessed January 25, 2013.

<sup>13</sup> *Ibid.*, p. 8.

<sup>14</sup> National Seniors Council, *Publications and Reports*. On-line version ([www.seniorscouncil.gc.ca/eng/research\\_publications/index.shtml](http://www.seniorscouncil.gc.ca/eng/research_publications/index.shtml)) accessed January 10, 2013.

<sup>15</sup> National Seniors Council, *Report of the National Seniors Council on Volunteering Among Seniors and Positive and Active Aging*, May 2010, [www.seniorscouncil.gc.ca/eng/research\\_publications/volunteering.pdf](http://www.seniorscouncil.gc.ca/eng/research_publications/volunteering.pdf), p. 24.

<sup>16</sup> Government of Canada, *Governor in Council Appointments*, “National Seniors Council.” On-line version ([www.appointments.gc.ca/prfIOrg.asp?OrgID=NSCL&lang=eng](http://www.appointments.gc.ca/prfIOrg.asp?OrgID=NSCL&lang=eng)) accessed January 25, 2013.

<sup>17</sup> Government of Canada, *National Follow-up to the United Nations Economic Commission for Europe (UNECE) Regional Implementation Strategy for the Madrid International Plan of Action on Ageing (MIPAA)*, *Op. cit.* p. 8.

<sup>18</sup> Special Senate Committee on Aging, *First Interim Report: Embracing the Challenge of Aging*, March 2007, [www.parl.gc.ca/Content/SEN/Committee/391/agei/rep/repintfeb07-e.pdf](http://www.parl.gc.ca/Content/SEN/Committee/391/agei/rep/repintfeb07-e.pdf).

<sup>19</sup> Special Senate Committee on Aging, *Second Interim Report: Issues and Options for an Aging Population*, March 2008, [www.parl.gc.ca/Content/SEN/Committee/392/agei/rep/repfinmar08-e.pdf](http://www.parl.gc.ca/Content/SEN/Committee/392/agei/rep/repfinmar08-e.pdf).

<sup>20</sup> Special Senate Committee on Aging, *Final Report: Canada's Aging Population: Seizing the Opportunity*, April 2009, [www.parl.gc.ca/Content/SEN/Committee/402/agei/rep/AgingFinalReport-e.pdf](http://www.parl.gc.ca/Content/SEN/Committee/402/agei/rep/AgingFinalReport-e.pdf).

<sup>21</sup> *Ibid.*, pp. 185–186.

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<sup>22</sup> For further information on Part VII of the Act, see:

Office of the Commissioner of Official Languages, *Leadership, Action, Results: Annual Report 2010–2011*, [www.ocol-clo.gc.ca/docs/e/ar\\_ra\\_2010\\_11\\_e.pdf](http://www.ocol-clo.gc.ca/docs/e/ar_ra_2010_11_e.pdf).

Canadian Heritage, *Guide for Federal Institutions: Official Languages Act, Part VII – Promotion of English and French*, [www.pch.gc.ca/pgm/lo-ol/outils-tools/Guide\\_S-3-eng.pdf](http://www.pch.gc.ca/pgm/lo-ol/outils-tools/Guide_S-3-eng.pdf).

Canadian Heritage, *Good Practices: Implementation of Section 41 of the Official Languages Act*, October 2011, [www.pch.gc.ca/pgm/lo-ol/ci-ic/llo-ola-eng.pdf](http://www.pch.gc.ca/pgm/lo-ol/ci-ic/llo-ola-eng.pdf).

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<sup>23</sup> Canadian Heritage, *Mandate and Priorities*. On-line version ([www.pch.gc.ca/eng/1267200552684](http://www.pch.gc.ca/eng/1267200552684)) accessed September 4, 2012.

<sup>24</sup> Canadian Heritage, *Federal institutions having specific official languages responsibilities*, <http://www.pch.gc.ca/eng/1357322975995/1357323090237>

<sup>25</sup> Key informant.

<sup>26</sup> Quebec Community Groups Network, *English-speaking Seniors Form Provincial Advocacy Group*, March 29, 2012. On-line version ([www.qcgn.ca/storage/website-resources/press-releases/2012/0329/Seniors%20action%20Quebec%20press%20release%202012.03.29.pdf](http://www.qcgn.ca/storage/website-resources/press-releases/2012/0329/Seniors%20action%20Quebec%20press%20release%202012.03.29.pdf)) accessed March 15, 2013.

<sup>27</sup> Key informant.

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<sup>28</sup> Human Resources and Skills Development Canada, *2013–2014 Report on Plans and Priorities*. On-line version ([www.hrsdc.gc.ca/eng/publications/rpp/index.shtml](http://www.hrsdc.gc.ca/eng/publications/rpp/index.shtml)) accessed April 22, 2013.

<sup>29</sup> Human Resources and Skills Development Canada, *Enabling Fund for Official Language Minority Communities*. On-line version ([www.rhdcc-hrsdc.gc.ca/eng/employment/employment\\_measures/enabling\\_fund/index.shtml](http://www.rhdcc-hrsdc.gc.ca/eng/employment/employment_measures/enabling_fund/index.shtml)) accessed January 31, 2013.

<sup>30</sup> Because Quebec's English-speaking community is aging faster than the general population and because of the employment struggles that mature workers face, CEDEC initiated The Mature Workers Initiative in 2009. It has included studies conducted in the Quebec Chaudière-Appalaches region, in the Outaouais and in the Greater Montréal Area to identify specific employment needs and challenges for mature workers.

<sup>31</sup> Human Resources and Skills Development Canada, *2011–2012 Estimates: Departmental Performance Report*, p. 55. On-line version ([www.hrsdc.gc.ca/eng/publications/dpr/2011\\_2012/hrsdcdpr\\_2011\\_2012.pdf](http://www.hrsdc.gc.ca/eng/publications/dpr/2011_2012/hrsdcdpr_2011_2012.pdf)) accessed April 22, 2013. (<http://www.publications.gc.ca/site/eng/431407/publication.html>) accessed January 31, 2013.

<sup>32</sup> Human Resources and Skills Development Canada, *New Horizons for Seniors Program*, brochure. On-line version (<http://www12.hrsdc.gc.ca/p.5bd.2t.1.3ls@-eng.jsp?PID=4733>) accessed January 31, 2013.

<sup>33</sup> Special Senate Committee on Aging, *Final Report: Canada's Aging Population: Seizing the Opportunity*, *Op. cit.*, pp. 136–138.

<sup>34</sup> Key informant.

<sup>35</sup> Human Resources and Skills Development Canada, *New Horizons for Seniors Program*, "2011–2012 Approved Community-Based Projects," [www.hrsdc.gc.ca/eng/seniors/funding/approved/community2012.shtml](http://www.hrsdc.gc.ca/eng/seniors/funding/approved/community2012.shtml).

<sup>36</sup> Human Resources and Skills Development Canada, *Two Generations – One Culinary Culture*. On-line version (<http://www.hrsdc.gc.ca/eng/seniors/stories/index.shtm>) accessed January 31, 2013.

<sup>37</sup> Human Resources and Skills Development Canada, *Let's Talk About Abuse*. On-line version (<http://www.hrsdc.gc.ca/eng/seniors/stories/index.shtm>) accessed January 31, 2013.

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<sup>38</sup> Health Canada, *About Health Canada*, “Health Portfolio.” On-line version ([www.hc-sc.gc.ca/ahc-asc/minist/portfolio/index-eng.php](http://www.hc-sc.gc.ca/ahc-asc/minist/portfolio/index-eng.php)) accessed January 31, 2013.

<sup>39</sup> Health Canada, *About Health Canada*, “About Mission, Values, Activities.” On-line version ([www.hc-sc.gc.ca/ahc-asc/activit/about-apropos/index-eng.php](http://www.hc-sc.gc.ca/ahc-asc/activit/about-apropos/index-eng.php)), consulted October 9, 2012.

<sup>40</sup> Health Canada, *Official Language Community Development Bureau*. On-line version ([www.hc-sc.gc.ca/ahc-asc/branch-dirgen/rapb-dgrp/pd-dp/olcldb-baclo-eng.php](http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/rapb-dgrp/pd-dp/olcldb-baclo-eng.php)) accessed January 31, 2013.

<sup>41</sup> Key informant.

<sup>42</sup> Quebec Community Groups Network, *The Health and Social Service Priorities of Quebec’s English-Speaking Population 2013–2018: A Document Based on the Consultation of Members of Quebec’s English-Speaking Population*, May 2012. On-line version ([www.qcgn.ca/storage/website-resources/library/documents/publications/ESCQ%20HSSP%202012%20-%202018%20En.pdf](http://www.qcgn.ca/storage/website-resources/library/documents/publications/ESCQ%20HSSP%202012%20-%202018%20En.pdf)) accessed January 31, 2013.

<sup>43</sup> Government of Canada, *Education, Immigration, Communities: Roadmap for Canada’s Official Languages 2013–2018*, 2013. On-line version ([www.pch.gc.ca/DAMAssetPub/DAM-secLo-olSec/STAGING/texte-text/roadmap2013-2018\\_1364313629232\\_eng.pdf?WT.contentAuthority=11.0](http://www.pch.gc.ca/DAMAssetPub/DAM-secLo-olSec/STAGING/texte-text/roadmap2013-2018_1364313629232_eng.pdf?WT.contentAuthority=11.0)) accessed March 28, 2013.

<sup>44</sup> Community Health and Social Services Network, *Community Health Promotion Projects*. On-line version ([www.chssn.org/Scripts/Programs\\_Projects.asp](http://www.chssn.org/Scripts/Programs_Projects.asp)) accessed April 15, 2013.

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<sup>45</sup> Canadian Heritage, *Annual Report 2010–2011, Volume 2: Achievements of Designated Federal Institutions, Implementation of Section 41 of the Official Languages Act*. On-line version ([www.pch.gc.ca/pgm/lo-ol/annual\\_reports-eng.cfm](http://www.pch.gc.ca/pgm/lo-ol/annual_reports-eng.cfm)) accessed April 15, 2013.

<sup>46</sup> Key informant.

<sup>47</sup> Public Health Agency of Canada, *Site Map*, “Aging and Seniors – About the Division of Aging and Seniors”, <http://www.phac-aspc.gc.ca/seniors-aines/map-carte-eng.php> (Archived and eliminated). Changes to the Division of Aging and Seniors and its activities have occurred since consultations were done for this study.

<sup>48</sup> Public Health Agency of Canada, *Aging and Seniors: Publications A-Z Index*. On-line version ([www.phac-aspc.gc.ca/seniors-aines/publications/alpha/a-z-index-eng.php](http://www.phac-aspc.gc.ca/seniors-aines/publications/alpha/a-z-index-eng.php)) accessed October 9, 2012.

<sup>49</sup> Public Health Agency of Canada, *Aging and Seniors*, “Age-Friendly Communities.” On-line version ([www.phac-aspc.gc.ca/seniors-aines/afc-caa-eng.php](http://www.phac-aspc.gc.ca/seniors-aines/afc-caa-eng.php)) accessed January 31, 2013.

<sup>50</sup> The Fédération des aînés et des retraités francophones de l’Ontario initiated an Age-Friendly Communities project in 2010–2012. On-line version ([http://fafo.on.ca/index.cfm?Voir=sections&Id=13715&M=3480&Repertoire\\_No=2137989647](http://fafo.on.ca/index.cfm?Voir=sections&Id=13715&M=3480&Repertoire_No=2137989647)) accessed January 31, 2013.

<sup>51</sup> Key informant.

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<sup>52</sup> Canadian Institutes of Health Research, *Our mandate*. On-line version ([www.cihr-irsc.gc.ca/e/7263.html](http://www.cihr-irsc.gc.ca/e/7263.html)) accessed October 9, 2012.

<sup>53</sup> Canadian Institutes of Health Research, *Funding Overview*. On-line version ([www.cihr-irsc.gc.ca/e/37788.html](http://www.cihr-irsc.gc.ca/e/37788.html)) accessed April 22, 2013.

<sup>54</sup> Canadian Institutes of Health Research, *Official Language Minority Communities*. On-line version ([www.cihr-irsc.gc.ca/e/34333.html](http://www.cihr-irsc.gc.ca/e/34333.html)) accessed April 22, 2013.

<sup>55</sup> Canadian Institutes of Health Research, *Institute of Aging*. On-line version ([www.cihr-irsc.gc.ca/e/8671.html](http://www.cihr-irsc.gc.ca/e/8671.html)) accessed October 9, 2012.

<sup>56</sup> Canadian Institutes of Health Research, *Institute of Aging*, "Priority Research Themes." On-line version ([www.cihr-irsc.gc.ca/e/26935.html](http://www.cihr-irsc.gc.ca/e/26935.html)) accessed October 9, 2012.

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<sup>57</sup> Status of Women Canada, *Who We Are*. On-line version (<http://www.swc-cfc.gc.ca/abu-ans/who-qui/index-eng.html>) accessed January 31, 2013.

<sup>58</sup> Status of Women Canada, *Women's Program*. On-line version ([www.swc-cfc.gc.ca/fun-fin/wcf-fcf/index-eng.html](http://www.swc-cfc.gc.ca/fun-fin/wcf-fcf/index-eng.html)) accessed January 31, 2013.

<sup>59</sup> Status of Women Canada, *Departmental Performance Report 2011–2012*. On-line version ([www.swc-cfc.gc.ca/account-resp/pr/dpr-rmr/1112/1112-eng.pdf](http://www.swc-cfc.gc.ca/account-resp/pr/dpr-rmr/1112/1112-eng.pdf)) accessed January 31, 2013.

<sup>60</sup> Status of Women Canada, *Results-based status Report on the Implementation of Section 41 of the Official Languages Act 2009-2010*. On-line version ([www.swc-cfc.gc.ca/account-resp/pr/ola-llo/0910-1-eng.html](http://www.swc-cfc.gc.ca/account-resp/pr/ola-llo/0910-1-eng.html)) accessed March 15, 2013.

<sup>61</sup> Key informant.

<sup>62</sup> National Initiative for the Care of the Elderly, *Older Women and Financial Literacy Project*. On-line version ([www.nicenet.ca/detail.aspx?menu=52&app=236&cat1=653&tp=2&lk=no](http://www.nicenet.ca/detail.aspx?menu=52&app=236&cat1=653&tp=2&lk=no)) accessed January 31, 2013.

<sup>63</sup> Status of Women Canada, *Results-based status Report on the Implementation of Section 41 of the Official Languages Act 2009-2010*, *Op. cit.*

<sup>64</sup> Status of Women Canada, *Results-based status Report on the Implementation of Section 41 of the Official Languages Act 2007-2008*. On-line version (<http://www.swc-cfc.gc.ca/trans/account-resp/pr/ola-llo/0708-eng.pdf>) accessed March 15, 2013.



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<sup>65</sup> Statistics Canada, *French and the Francophonie in Canada: Language, 2011 Census of Population*, Catalogue no. 98-314-X2011003. On-line version ([http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-314-x/98-314-x2011003\\_1-eng.pdf](http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-314-x/98-314-x2011003_1-eng.pdf)) accessed April 15, 2013.

<sup>66</sup> Office of the Commissioner of Official Languages, *Vitality Indicators for Official Language Minority Communities 2: The English-Speaking Communities in Quebec*, June 2008. On-line version ([www.ocol-clo.gc.ca/html/etudes\\_archives\\_studies\\_e.php](http://www.ocol-clo.gc.ca/html/etudes_archives_studies_e.php)) accessed April 15, 2013.

<sup>67</sup> Standing Senate Committee on Official Languages, *The Vitality of Quebec's English-speaking Communities: From Myth to Reality*, March 2011. On-line version ([www.parl.gc.ca/Content/SEN/Committee/403/offi/rep/rep04mar11-e.pdf](http://www.parl.gc.ca/Content/SEN/Committee/403/offi/rep/rep04mar11-e.pdf)) accessed April 15, 2013.

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<sup>68</sup> Institut national de santé publique du Québec, *The Socioeconomic Status of Anglophones in Québec*, May 2012. On-line version ([www.inspq.qc.ca/pdf/publications/1494\\_SituationSocioEconoAngloQc\\_VA.pdf](http://www.inspq.qc.ca/pdf/publications/1494_SituationSocioEconoAngloQc_VA.pdf)) accessed May 15, 2013.

<sup>69</sup> In 2011, the census methodology underwent major changes. Therefore, Statistics Canada recommended caution, including when interpreting changes in the linguistic situation between 2006 and 2011. Statistics Canada, *Methodology Document on the 2011 Census Language Data*, Catalogue no. 98-314-X2011051, May 2013. On-line version (<http://www12.statcan.gc.ca/census-recensement/2011/ref/guides/98-314-x/98-314-x2011051-eng.pdf>) accessed May 15, 2013.

<sup>70</sup> Canadian Institute for Health Information, *Health Care in Canada, 2011: A Focus on Seniors and Aging*, pp. 9–13. On-line version ([https://secure.cihi.ca/free\\_products/HCIC\\_2011\\_seniors\\_report\\_en.pdf](https://secure.cihi.ca/free_products/HCIC_2011_seniors_report_en.pdf)) accessed January 31, 2013.

<sup>71</sup> Special Senate Committee on Aging, *Final Report: Canada's Aging Population: Seizing the Opportunity*, *Op. cit.*, p. 68.

<sup>72</sup> *Ibid.*, p. 67.

<sup>73</sup> The discrepancy between counts of population in Table 1 and those in Table 3 is explained by the differing 2006 census questionnaire sources. That is, age and sex counts in Table 1 were obtained from the census short-form questionnaire distributed to 80% of households, whereas the FOLS counts in Table 3 were obtained from the census long-form questionnaire distributed to a 20% sample. The FOLS data is presented in this study after equal distribution of dual responses.

<sup>74</sup> Community Health and Social Services Network, *Baseline Data Report 2011–2012, Socio-Economic Profiles of the English-speaking Visible Minority Population by Quebec Health Region, Based on Data from the 2006 Census of Canada*, prepared by Joanne Pocock, 2012. On-line version ([www.chssn.org/Document/Download/Baseline\\_Data\\_Report\\_2012\\_Visibility\\_Minorities\\_Profiles.pdf](http://www.chssn.org/Document/Download/Baseline_Data_Report_2012_Visibility_Minorities_Profiles.pdf)) accessed January 31, 2013.

<sup>75</sup> Quebec health regions are designated in this study in French following the practice used by Statistics Canada and the Community Health and Social Services Network.

<sup>76</sup> In tables 5 and 6 there is a discrepancy between the total provincial count in these regional figures relative to preceding provincial counts because in the first case they are rounded.

<sup>77</sup> However, the issue of personal and social isolation is a complex one with many potential factors (such as marital status, living arrangements, socioeconomic status, and urban-vs.-rural setting). Some research suggests that rural seniors may in fact be less likely to experience social isolation, possibly because they benefit from more neighbourly contacts and greater likelihood that people in their community know one another. Special Senate Committee on Aging, *Final Report: Canada's Aging Population: Seizing the Opportunity*, *Op. cit.*

<sup>78</sup> Nathalie Auger, Sam Harper, Amadou D. Barry, Normand Trempe, and Mark Daniel, "The Life Expectancy Gap Between the Francophone Majority and Anglophone Minority of a Canadian Population," *European Journal of Epidemiology*, (2012) 27, pp. 27–38.

<sup>79</sup> Statistics Canada, *Census in Brief – Living Arrangements of Seniors: Families, Households and Marital Status, Structural Type of Dwelling and Collectives, 2011 Census of Population*, September 2012. On-line version ([http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-312-x/98-312-x2011003\\_4-eng.pdf](http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-312-x/98-312-x2011003_4-eng.pdf)) accessed May 15, 2013.

<sup>80</sup> Ipsos-Reid, *Only One Quarter (27%) of Working Canadians Expect to Be Fully Retired by Age 66*, February 20, 2013. On-line version ([www.ipsos-na.com/news-polls/pressrelease.aspx?id=6004](http://www.ipsos-na.com/news-polls/pressrelease.aspx?id=6004)) accessed March 15, 2013.

<sup>81</sup> However, only 1% of them are recent immigrants, according to other 2006 Census data examined.

<sup>82</sup> Community Health and Social Services Network, *Socio-Economic Profiles of the English-speaking Visible Minority Population by CSSS Territory in the Greater Montreal Area, 2006*, prepared by Joanne Pocock. On-line version ([www.chssn.org/Scripts/Document\\_Center.asp](http://www.chssn.org/Scripts/Document_Center.asp)) accessed May 15, 2013.

<sup>83</sup> Low-income cut-off defines the income level where a household will need to spend 20% more of its income on basic necessities (such as housing, food and clothing) than the average household would spend.

<sup>84</sup> Statistics Canada, *Portrait of Official-Language Minorities in Canada – Anglophones in Quebec*, "Age Structure," Catalogue no. 89-642-X — No. 002, September 2010. On-line version ([www.statcan.gc.ca/pub/89-642-x/89-642-x2010002-eng.pdf](http://www.statcan.gc.ca/pub/89-642-x/89-642-x2010002-eng.pdf)) accessed May 15, 2013.

<sup>85</sup> It may be noted that the age structure of the English-speaking population in itself varies according to whether the first official language spoken or the mother tongue is examined. From Statistics Canada, *Portrait of Minority Communities: Anglophones in Quebec*, Catalogue no. 89-642-X — No. 002, September 2010, p. 29.

<sup>86</sup> This ratio is based on the assumption that every middle-aged adult between the ages of 35 and 54 is a potential caregiver. However, a percentage of that age group may itself be in need of care or unable to help. It should also be noted that the 55-to-64 age group is not included here as part of the caregiving generation although, at that age, they are more likely to be caring for seniors than to be cared for themselves.

<sup>87</sup> This very high ratio of caregivers to seniors in the Nord-du-Québec region stands out from the rest. One explanation may be the demographic composition of that region: northern Native communities have higher fertility rates and lower life expectancy, which would affect their age structure.

<sup>88</sup> Statistics Canada, *Portrait of Official-Language Minorities in Canada – Anglophones in Quebec*, Catalogue no. 89-642-X, September 2010. On-line version ([www.statcan.gc.ca/pub/89-642-x/89-642-x2010002-eng.pdf](http://www.statcan.gc.ca/pub/89-642-x/89-642-x2010002-eng.pdf)) accessed July 12, 2013.

<sup>89</sup> Statistics Canada, *Health Care Professionals and Official-Language Minorities in Canada 2001 and 2006*, Catalogue no. 91-550-X, April 2008, [www.statcan.gc.ca/pub/91-550-x/91-550-x2008001-eng.pdf](http://www.statcan.gc.ca/pub/91-550-x/91-550-x2008001-eng.pdf).

<sup>90</sup> This is not to say that needs for health services are entirely met. This merely indicates the number, per 100,000 habitants, of professionals in Quebec compared with the rest of Canada.

<sup>91</sup> Community Health and Social Services Network, *Access to Health and Social Services: A Comparison of French & English-language CROP-CHSSN Survey Samples*, prepared by Joanne Pocock, July 31, 2011. On-line version ([www.chssn.org/En/pdf/Companion\\_Report\\_to\\_BDR\\_2011\\_CROP\\_Survey\\_anglo-franco\\_comparision.pdf](http://www.chssn.org/En/pdf/Companion_Report_to_BDR_2011_CROP_Survey_anglo-franco_comparision.pdf)) accessed March 15, 2013.

<sup>92</sup> Special Senate Committee on Aging, *Final Report: Canada's Aging Population: Seizing the Opportunity*, *Op. cit.*, p. 186.