

*Improving the*  
Health and Well-Being  
of English-Speaking  
Magdalen Islanders



**A NEEDS ASSESSMENT:**

Better Understanding  
**THE CURRENT SITUATION**  
of the Senior Population

March 2017

This needs assessment was carried out by the **Council for Anglophone Magdalen Islanders (CAMI)**, and is the first phase of a two-year project entitled: *Out and About: Breaking Isolation for the English-speaking Seniors of the Magdalen Islands*. The project goals are to support and promote the health and well-being of seniors, through the hiring of an Outreach and Liaison Agent to work specifically for the English-speaking community (ESC) of the Magdalen Islands.



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# Improving the Health and Well-Being of English-Speaking Magdalen Islanders

MAGDALEN ISLANDS,  
QUEBEC

## INTRODUCTION

### Needs Assessment

This needs assessment was conducted as part of a community development process in the English-speaking community of Grosse-Ile, on the Magdalen Islands, Quebec. It is part of the follow-up to a community portrait that was developed through a participatory process in early 2015. The process involved the mobilization and engagement of a number of local stakeholders

as well as community residents who expressed their views on a number of different themes. One of the issues that was highlighted by community members as a concern, even a priority, was that of the aging population within the ESC, having access to few services and limited support for caregivers. In the action plan developed out of the community portrait, this is the proposal concerning the aging population within the ESC:

SITUATION	NEEDS	VISION	PROPOSED ACTIONS	WHO
Aging population with few services and support for caregivers	Support for seniors in need of care and for caregivers	Plan for the current and future needs of seniors and their caregivers	Form "Seniors committee" involving community members to examine various options for providing support according to needs	Concerned citizens

## METHODOLOGY

This needs assessment brings together several sources of information, including documentation on the situation of seniors in Canada, Quebec and more specifically within the English-speaking community in the provincial, regional and local contexts, as well as the perspectives of local seniors and their caregivers.

### OVERVIEW OF EXISTING LITERATURE

The written documentation focuses mainly on demographic information specific to this population group on national, provincial, regional and local levels. It also includes statistics and findings on health and well-being, caregiving, socio-economic status, loneliness, depression and sociability in old age.

### **PARTICIPATORY ACTION RESEARCH**

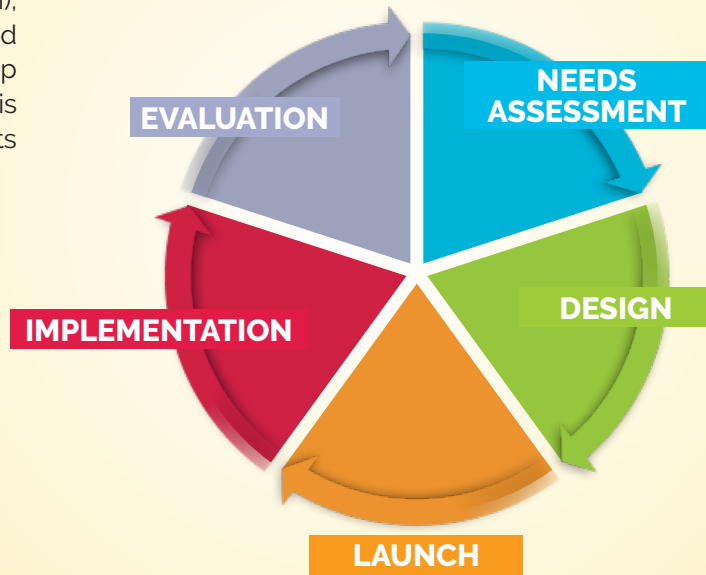
Information was gathered both in Grosse Ile and Entry Island with regards to local experiences and perspectives through a survey questionnaire and face-to-face meeting with seniors and their caregivers (when relevant). This process was done in both communities by the Seniors Outreach and Liaison Agent.

### **LIMITS**

The approach taken here is limited by several factors. Time and budget constraints, as well as the size of the community limited the amount of information gathering that could be done. Personal experiences, feelings and perceptions of seniors and their caregivers was easier to document, however, access to statistics specific to the ESC of the Magdalen Islands were harder to access, outside those made available by the CHSSN, since the community is so small, and the CISSS does not differentiate between English and French speaking requests.

## **PROCESS**

With a view to taking action on this priority, the Council for Anglophone Magdalen Islanders (CAMI), carried out this needs assessment. This is intended to provide information and direction to develop a strategy for addressing the situation, which is tailored to the local context. This report presents the findings of that assessment.





# COMMUNITY CONTEXT

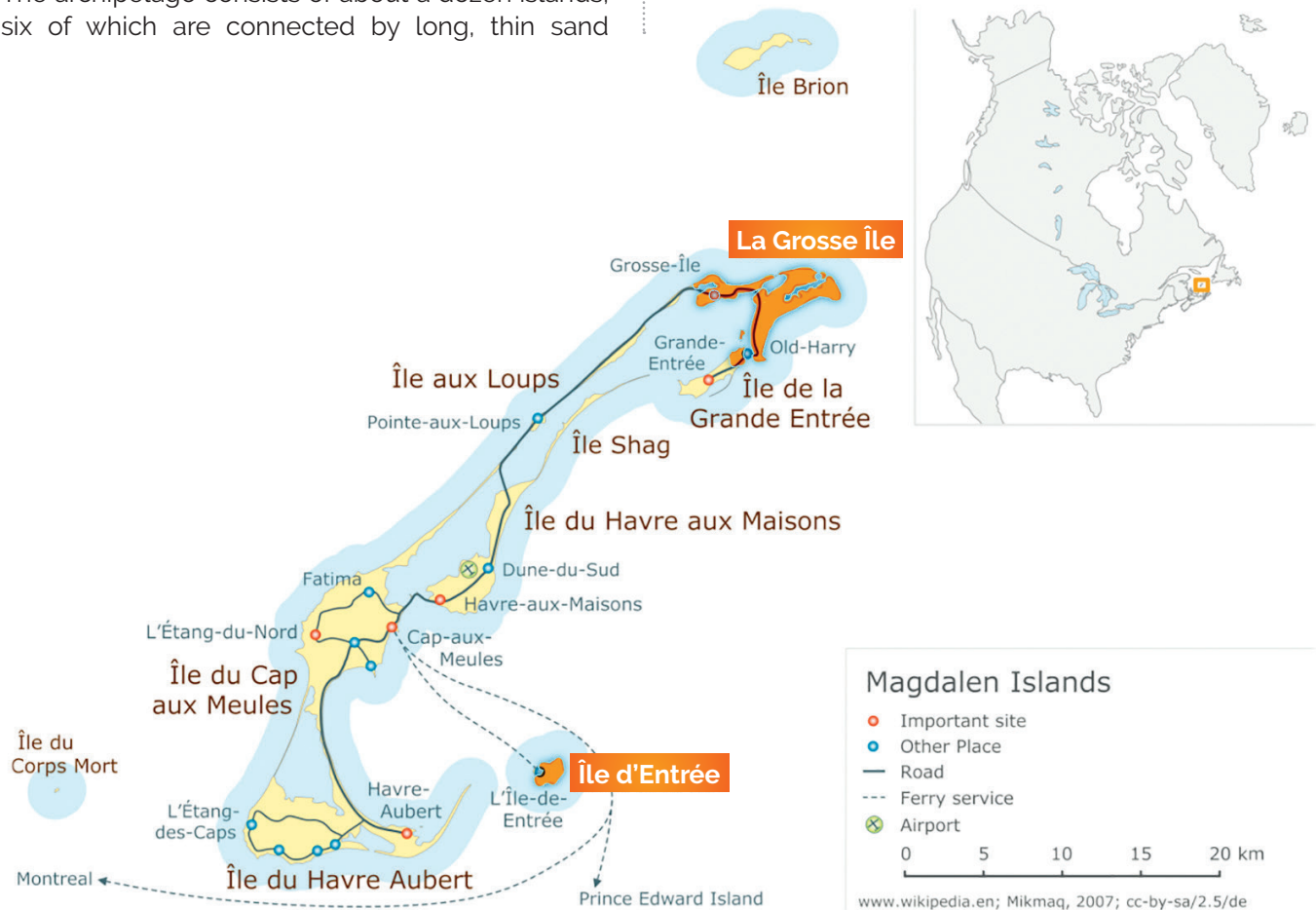
We present a brief overview of some community characteristics for readers who are not familiar with the Magdalen Islands or the English-speaking community.

## *Geographic location*

The Magdalen Islands archipelago, with its characteristic fishhook-shape, is located in the middle of the Gulf of St. Lawrence, 215 km from the Gaspé Coast and 105 km north of Prince Edward Island.

The archipelago consists of about a dozen islands, six of which are connected by long, thin sand

dunes. The archipelago's geographical location affords it a unique character, both in terms of physical isolation and vitality, culture and heritage. Two linguistic communities (French and English) have shared the archipelago right from its early settlement. Two communities where English is the main language spoken are Grosse-Ile and Entry Island. Grosse-Ile is separated from the most populated islands to the south-west by a long, narrow spit of land, whereas Entry Island is not at all connected to the rest of the archipelago by road, and can only be accessed by boat.



Source: [http://commons.wikimedia.org/wiki/File:Magdalen\\_Islands.png](http://commons.wikimedia.org/wiki/File:Magdalen_Islands.png)

# SOCIOECONOMIC & LINGUISTIC CHARACTERISTICS

## Seniors in Canada: some numbers

The aging of the population in Canada will accelerate between 2010 and 2031, the period during which all baby boomers will reach age 65. Population aging will continue after 2031, but at a slower pace.

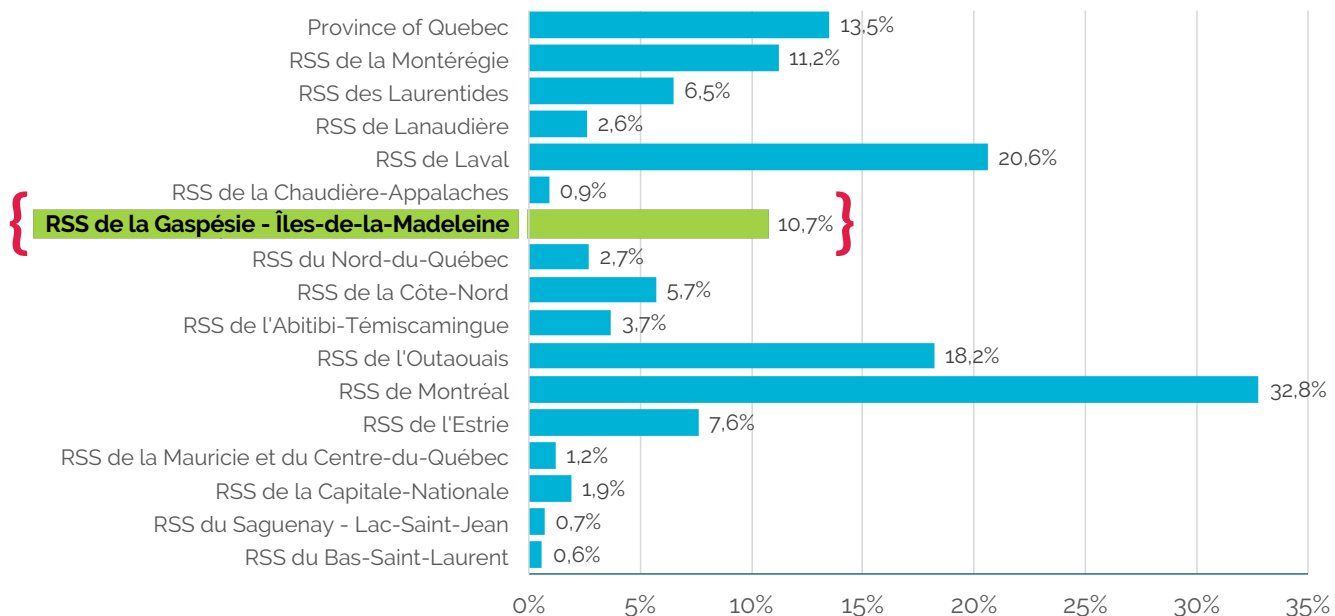
- In 2006, there were **4,335,250** seniors aged 65 and over in Canada
- In 2011, there were **4,945,055**
- Today, one in seven Canadians is aged 65 or over. By 2036, nearly one in four Canadians will be a senior.<sup>1</sup>

1) Sources: Population by broad age groups and sex, 2011 counts for both sexes, for Canada, provinces and territories; "Population projections: Canada, the provinces and territories, 2013 to 2063," *The Daily*, Wednesday, September 17, 2014; Population Projections for Canada, Provinces and Territories, 2009 to 2036; Canadian Demographics at a Glance

## Population by mother tongue

There are about one million (1,058,248) individuals living in Quebec whose first official language is English. Quebec's English-speaking communities comprise 13.5% of the Quebec population. In the Gaspésie-Îles-de-la-Madeleine region, the English-speaking community is comprised of 9,945 individuals and makes up 10.7% of the regional population.

Proportion of the English-speaking Populations of Quebec, by Health Region, 2011



Source: JPocock Research Consulting, based on data from 2011 Census of Canada, 100% sample, Statistics Canada 2011

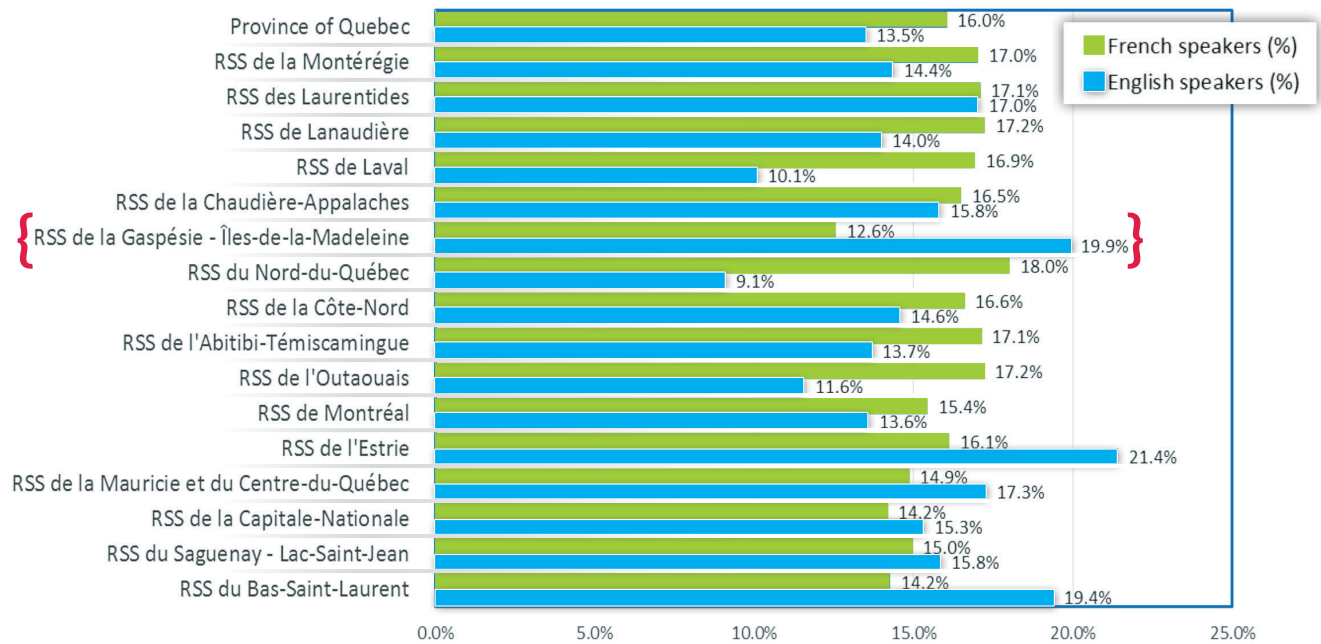


## English-speaking seniors in Quebec

In the province in general, in 2011 there was a greater proportion of individuals 65 years and over within Quebec's majority language population

(16% compared to 13.5%). The proportion of seniors outweighs the provincial average for English speakers in 14 regions. The highest proportions are in Estrie, Gaspésie-Iles-de-La-Madeleine, and Bas-Saint-Laurent. In RSS de la Gaspésie - Îles-de-la-Madeleine, seniors represent 19.9% of the population.

*Proportion of Seniors (65 and over) in the English-speaking and French-speaking Populations of Quebec, by Health Region, 2011*



Source: Jpocock Research Consulting, based on data from 2011 Census of Canada, 100% sample

A 2013 study of Quebec's English-speaking seniors conducted by the Quebec's Community Groups Network (QCGN) and funded by the Quebec's *Ministère de la famille et des Aînés* tells us that there are 268,696 English speakers over the age of 55 living in this province.<sup>2</sup> They represent more than a quarter (25.4%) of Quebec's official language minority community. The English-speaking communities of the Estrie and Gaspésie-Iles-de-la-Madeleine regions have the largest proportion of English speakers age 55 or over, at 37.7% and 36.5% respectively; for these regions, more than one in three English speakers is 55 years of age and over. Provincially, the proportion of the oldest English speakers (74-84 and 85 plus), generally considered to include the frailest elderly, tends to outweigh

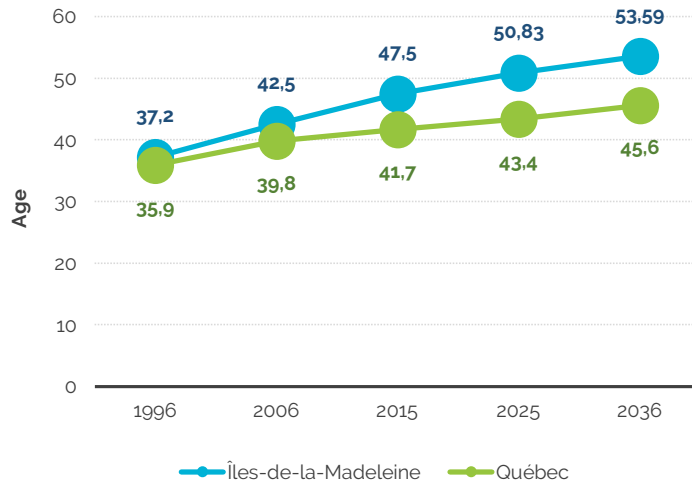
the proportion among Francophones. Quebec's English-speaking communities, therefore, differ from Canadian and Quebec population profiles in the terms of their rate of aging.

## The Magdalen Islands: some numbers

In the fall of 2016, the municipality of the Magdalen Islands hosted its annual partner's forum. This year's theme was demography and insular development. In order to spark some discussion, a presentation was done on the current demographic situation. Below are some excerpts from this presentation with regards to the aging population and population projections for the Islands as a whole.

2) [www.qcgn-seniors.org/statistical-profile.html](http://www.qcgn-seniors.org/statistical-profile.html)

### Average age 1996-2036



Note the point of convergence 1996

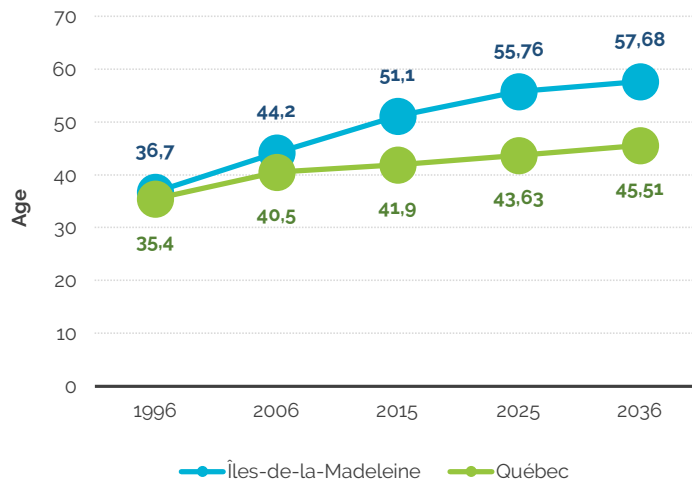
#### Average age:

The sum of ages of people in a population group divided by the total amount of people in the population group.

Average age on the Magdalen Islands (and in the Gaspésie-Iles-de-la-Madeleine region) is increasing at a more rapid rate than Québec.

2015 GÎM : 47,2 years old

### Median age 1996-2036

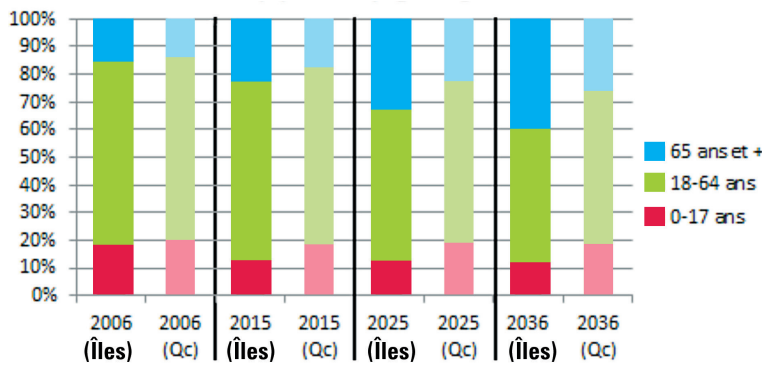


#### Median age:

the age that divides a population into two numerically equal groups - that is, half the people are younger than this age and half are older.

Presently, there are as many people under the age of 51 as there are over the age of 51.

### Evolution of the population by age category 2006-2036

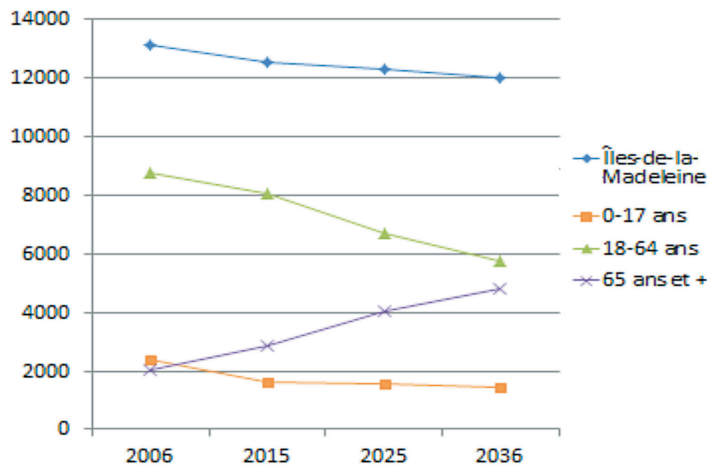


Tendencies are the same, but are advancing more rapidly on the Magdalen Islands (or more in advance.)

**2015:** The Gaspésie-Iles-de-la-Madeleine is characterized by a large percentage of people 65 and over (24% in 2015 compared to QC 17.6%) and the lowest proportion of young people under the age of 20 (16.6% compared to QC 20.7%). Active population in Gaspésie-Iles-de-la-Madeleine 59.4% compared to QC 61.7%. The Gaspésie-Iles-de-la-Madeleine region is the only region (and BSL) where all the MRCs have a greater proportion of people aged 65+ than they have youth.



Evolution of the population by age category 2006-2036 · Îles-de-la-Madeleine



Another way to present the evolution of the different age groups

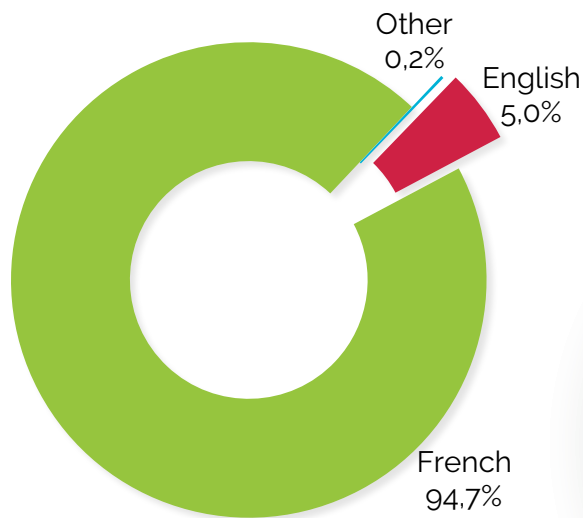
	Magdalen Islands	Youth	Active population	Seniors
2006	<b>13165</b>	2412	8743	2010
2015	<b>12530</b>	1625	8055	2846
2025	<b>12310</b>	1543	6731	4035
2036	<b>12025</b>	1443	5757	4825

*The English-speaking community of the Magdalen Islands*

On the Magdalen Islands there are 710 English speakers, 490 of whom live on Grosse-Ile (in

2011). English speakers represent 5.6% of the local population. Among English speakers in the Magdalen Islands, almost three-quarters (73.8%) speak only English, while about one-quarter speak both French and English. Among French speakers the situation is comparable: 80% speak French only and 20% speak both languages.

Population by Mother Tongue  
Les Îles-de-la-Madeleine

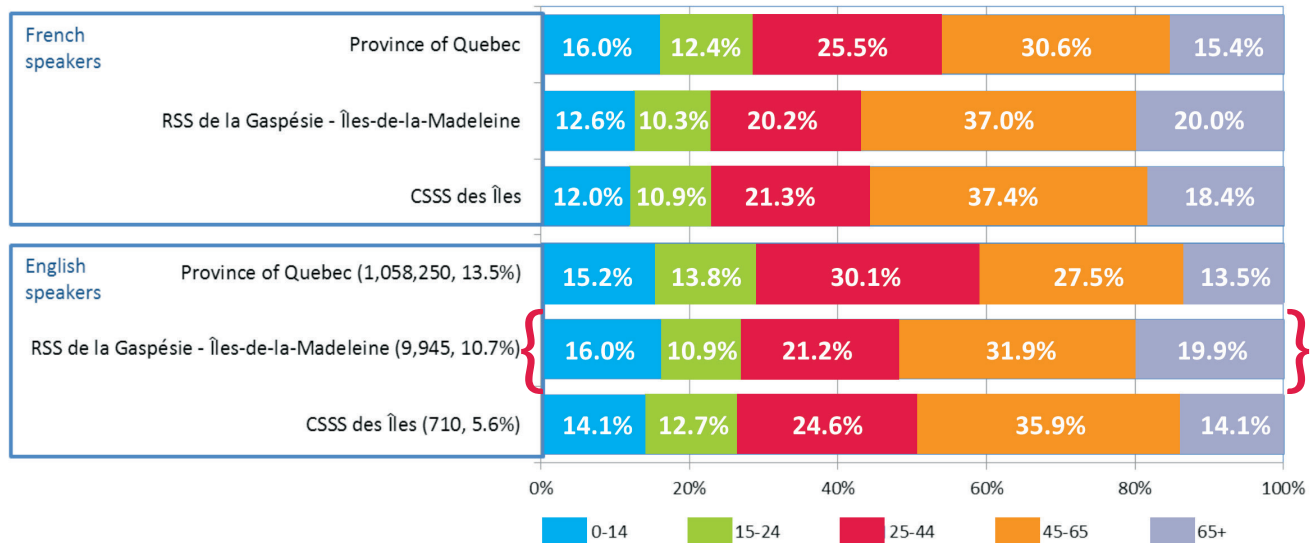


Source: Jpocock Research Consulting, based on data from 2011 Census of Canada, 100% sample



## Population by Age Structure

Age structure of the English-speaking and French-speaking Populations of CSSS des Îles, RSS de la Gaspésie - Îles-de-la-Madeleine and the Province of Quebec, 2011



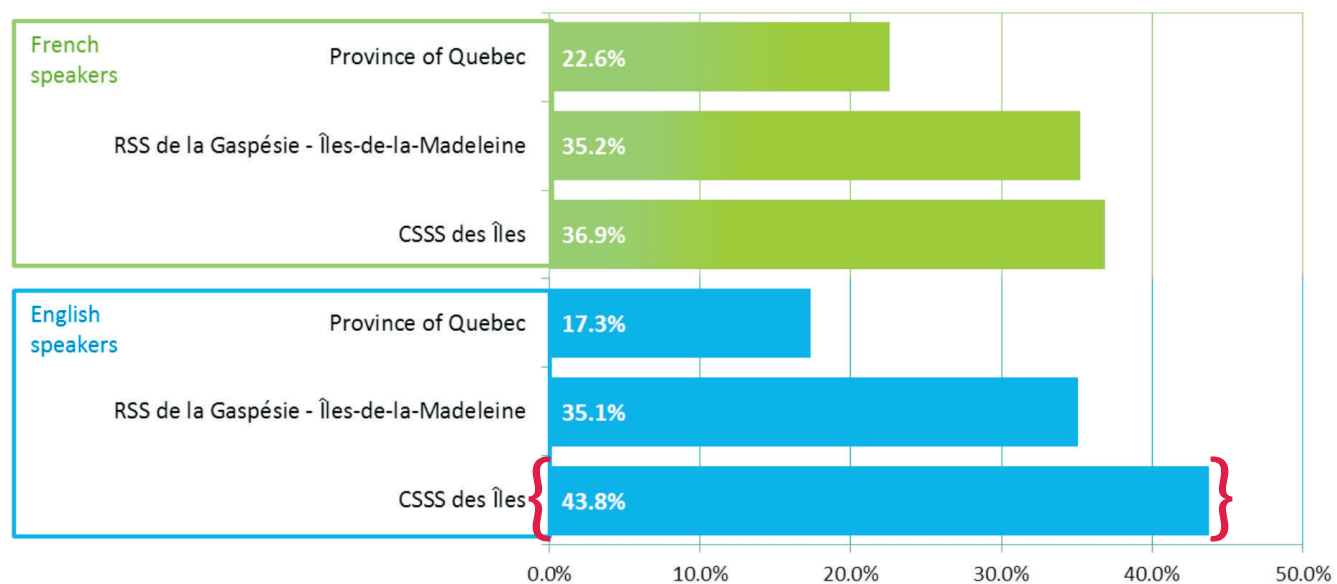
Source: Jpocock Research Consulting, based on data from 2011 Census of Canada, 100% sample, Statistics Canada 2011

In RSS de la Gaspésie - Îles-de-la-Madeleine, children (0-14) form a much larger proportion of the English-speaking community than in the French-speaking community. Seniors (65+) form a similar proportion of the English-speaking group.

There is a much smaller proportion of seniors (65+) in the English-speaking CSSS des Îles population compared to the French-speaking population.

## Low Educational Attainment

Population without High School Certificate by Language Group in the Province of Quebec, RSS de la Gaspésie - Îles-de-la-Madeleine and CSSS des Îles, 2011



Source: Jpocock Research Consulting, based on data from 2011 Census of Canada, 100% sample

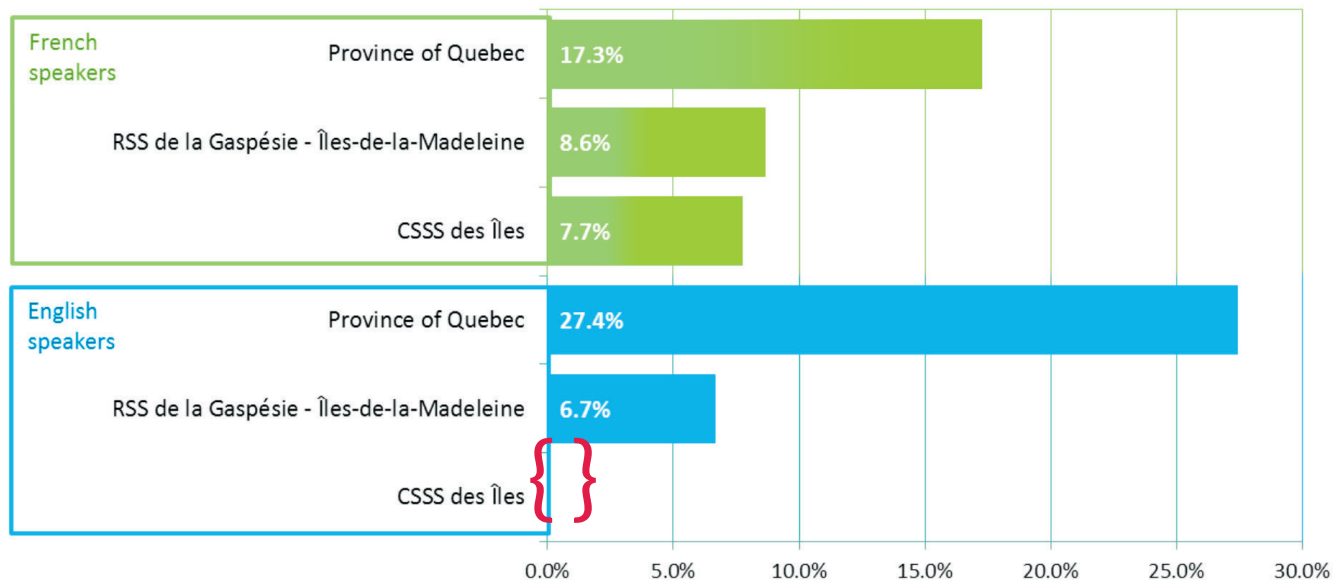
At the provincial level, English speakers in Province of Quebec display a much lower tendency to have low levels of education compared to French speakers.

In CSSS des Îles, English speakers display a higher tendency to have low education levels than French speakers.

In RSS de la Gaspésie - Îles-de-la-Madeleine, the English language communities display similar levels of low educational attainment.

## High Educational Attainment

Population with University B.A. or Higher by Language Group in the Province of Quebec, RSS de la Gaspésie - Îles-de-la-Madeleine and CSSS des Îles, 2011

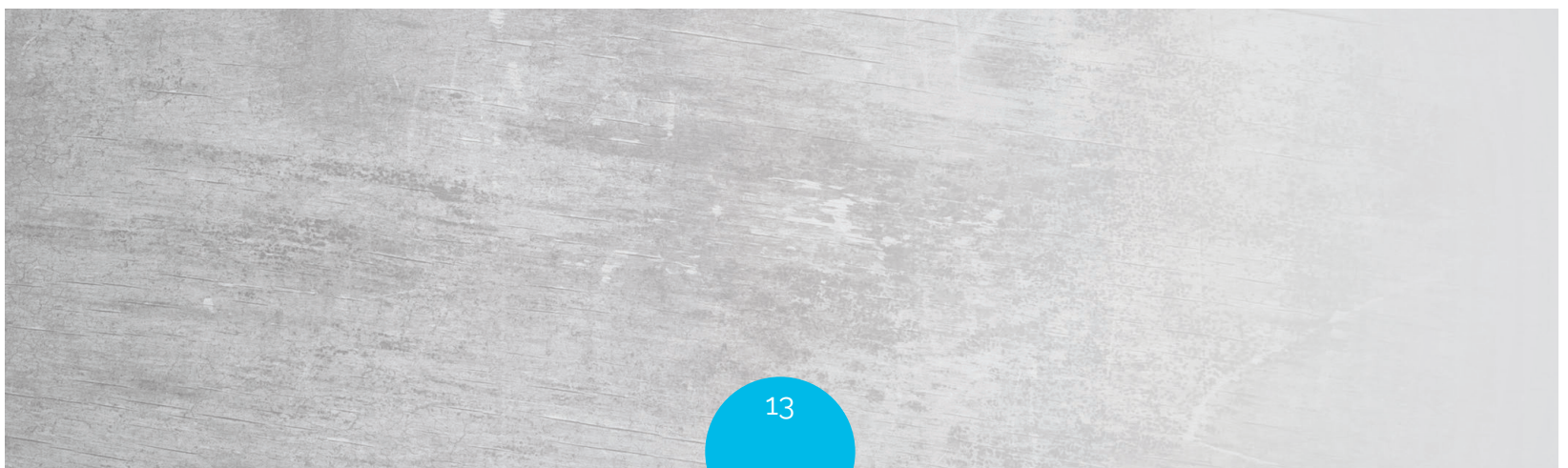


Source: Jpocock Research Consulting, based on data from 2011 Census of Canada, 100% sample

Provincially, Quebec's English speakers show much higher levels of high educational attainment compared to French speakers.

In CSSS des Îles, there is insufficient data to report on high educational attainment.

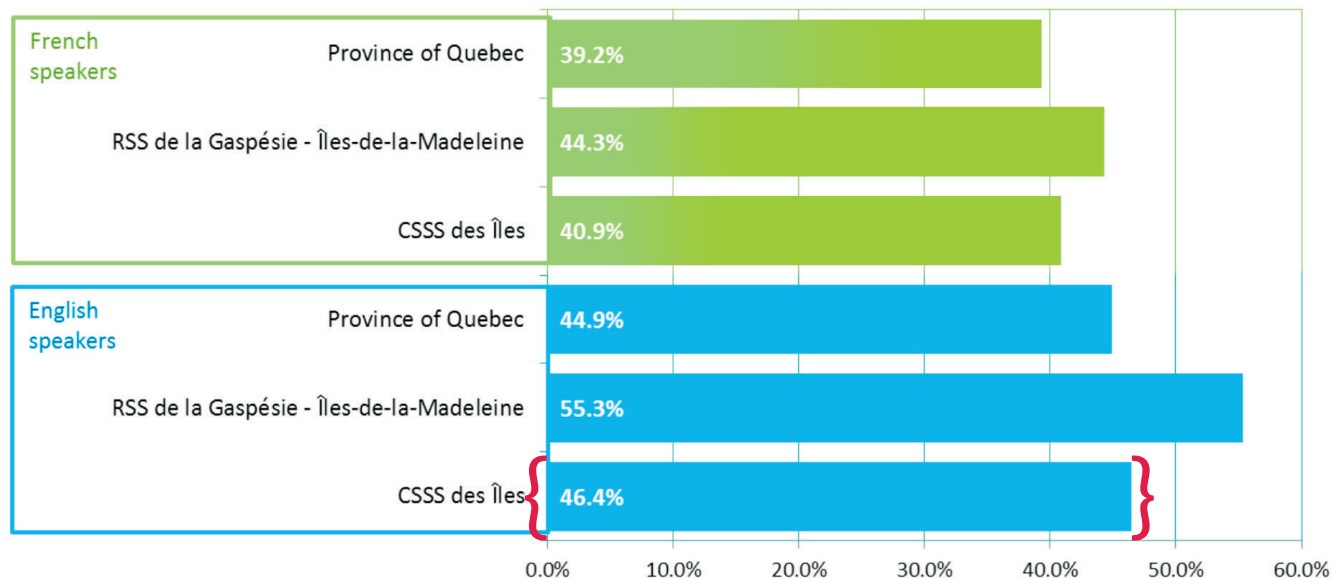
In RSS de la Gaspésie - Îles-de-la-Madeleine, English speakers show much lower levels of high educational attainment.





## Income less than \$20,000

Population with Low Income (none or Less than \$20k) by Language Group in the Province of Quebec, RSS de la Gaspésie - Îles-de-la-Madeleine and CSSS des Îles, 2011



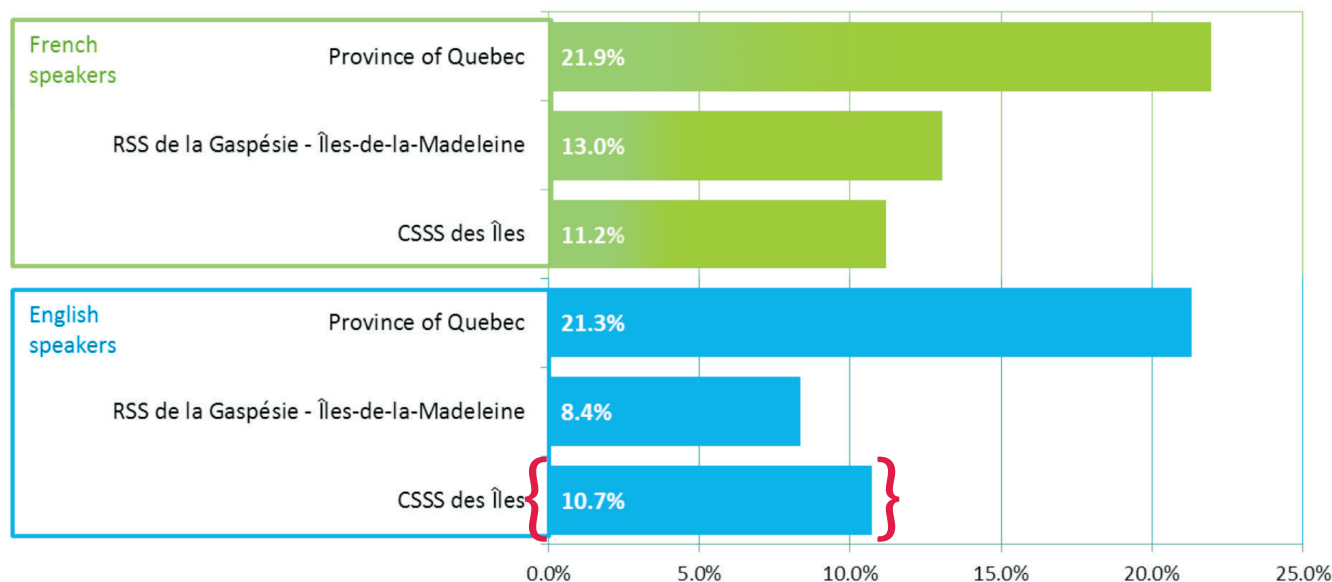
Source: Jpocock Research Consulting, based on data from 2011 National Household Survey, Statistics Canada, 2011

In RSS de la Gaspésie - Îles-de-la-Madeleine, the tendency to have low income in 2011 was much higher among English speakers (55.3%) compared to French speakers (44.3%).

In CSSS des Îles, the tendency toward low levels of income is higher among English speakers.

## Income greater than \$50,000

Population with High Income (\$50,000 and over) by Language Group in the Province of Quebec, RSS de la Gaspésie - Îles-de-la-Madeleine and CSSS des Îles, 2011



Source: Jpocock Research Consulting, based on data from 2011 National Household Survey, Statistics Canada, 2011

In the Province of Quebec, the tendency to have high income in 2011 was similar among English speakers (21.3%) and French speakers (21.9%).

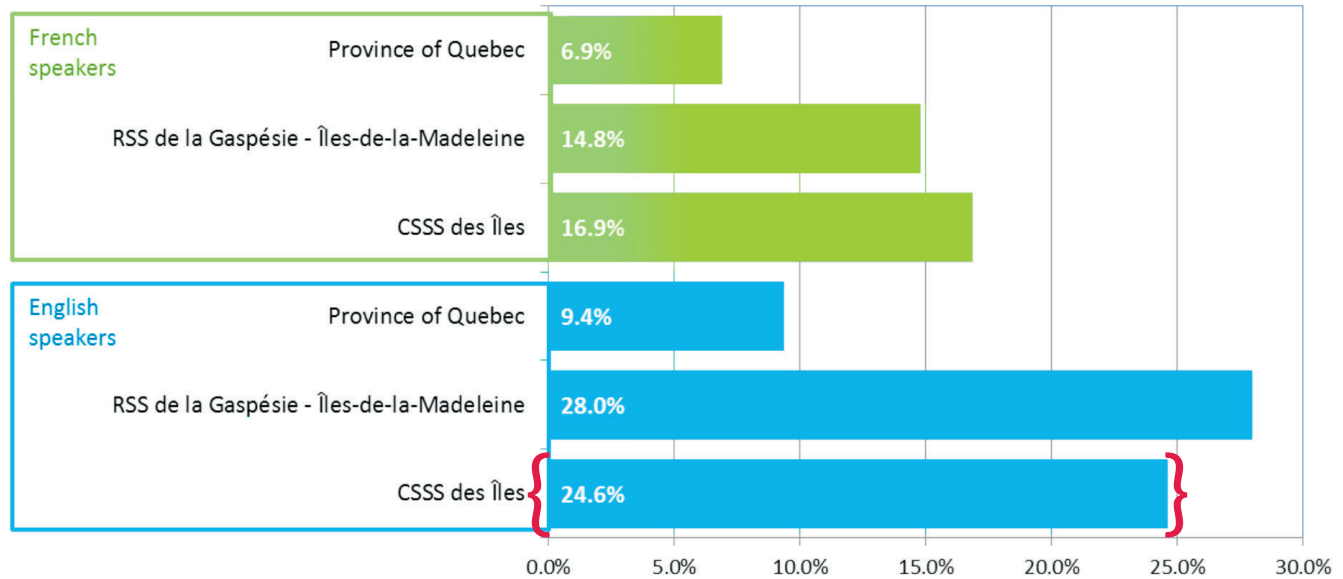
In RSS de la Gaspésie - Îles-de-la-Madeleine, English speakers are much smaller likely to be

living with a high income as French speakers living in the same territory.

In CSSS des Îles, English speakers are likely to be living with a high income as French speakers living in the same territory.

## Unemployment

*Population Who were Unemployed by Language Group in the Province of Quebec, RSS de la Gaspésie - Îles-de-la-Madeleine and CSSS des Îles, 2011*



Source: Jpocock Research Consulting, based on data from 2011 National Household Survey, Statistics Canada, 2011

In the Province of Quebec, the tendency to be unemployed in 2011 was much higher among English speakers (9.4%) compared to French speakers (6.9%).

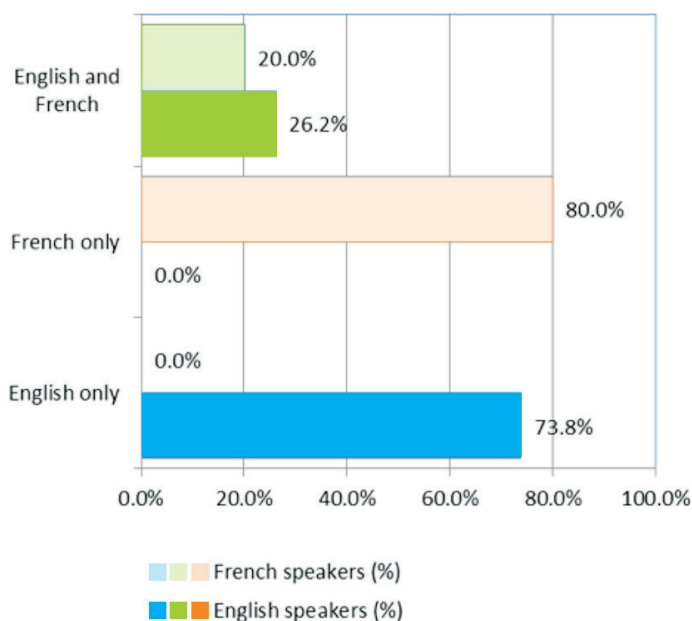
In RSS de la Gaspésie - Îles-de-la-Madeleine, the levels of unemployment are much higher among English speakers compared to their French-speaking neighbors.

In CSSS des Îles, the levels of unemployment are much higher among English speakers compared to their French-speaking neighbors.



## Knowledge of official languages

Knowledge of Official Languages, by Language Group  
Les Îles-de-la-Madeleine, 2011



Source: Jpocock Research Consulting, based on data from 2011 Census of Canada, 100% sample

This is important because it means that communication with individuals from the other language group can be difficult, and one cannot rely on people's knowledge of the other official language. This has implications for service provision, employment, education, and more.

## High socioeconomic vulnerability

These factors combine to create a situation of high socio-economic vulnerability. In fact, when all Official-language Minority Communities (OLMCs) across Canada are taken into consideration (Francophones outside Quebec and Anglophones in Quebec), Quebec's English speakers display the second highest level when aspects such as low education levels, unemployment and labour force participation and low income tendencies are analyzed.

On a regional basis, the highest level of socio-economic vulnerability is observed in the English-speaking population of Gaspésie-Îles-de-la-Madeleine, among all OLMC regional communities. This is undoubtedly also true of the English-speaking population of the Magdalen Islands, since many of the tendencies are even less favourable than for the region as a whole.

OLMC Populations with Low Socio-economic Status  
Canada, 2011

Composite indicator for socio-economic status		Region	OLMC population
Quintile	Quintile		
1	2	Quebec (province)	1,058,250
1	1	<b>Gaspésie - Îles-de-la-Madeleine (QC)</b>	<b>9,950</b>
1	2	Nord-du-Québec (QC)	20,645
1	3	Abitibi - Témiscamingue (QC)	5,378
1	4	Côte-Nord (QC)	5,335
1	5	Cariboo (BC)	1,940
1	6	Estrie (QC)	23,440
1	7	Cape Breton (NS)	5,095
1	8	Campbellton - Miramichi (NB)	97,338
1	9	Interlake (MB)	1,430
1	10	Hamilton - Niagara Peninsula (ON)	33,143

Source: Research Team, Official Languages Branch, Department of Canadian Heritage, based on data from the 2011 National Household Survey, Statistics Canada.

Notes: The composite measure weighs 8 scores which are based on the rankings of the 4 socio-economic variables (low education rates, low income rates, unemployment and out of the labour force rates) as well as the minority-majority indices for each variable. The ranking and quintiles present the relative socio-economic status of Official-Language Minority Communities in the 76 economic regions across Canada (referred to as administrative regions in Quebec). For this analysis, only the 69 regions with at least 500 OLMC individuals are included so the rankings in the second column are based on 69 territories.



# SUMMARY OF FINDINGS

## *Literature Review*

The literature review consisted of consulting the various reports, profiles, assessments and other documents pertinent to the study. The number of seniors in the Magdalen Islands' area is small and this makes finding specific statistical information for this age group difficult. When

numbers are small, Statistics Canada suppresses the information in protection of the anonymity of respondents to the Census and National Household Survey. More information is available at the level of the region - Gaspésie-Iles-de-la-Madeleine - due to the larger head count. Pertinent excerpts, in the form of direct quotes have also been added to the document.

### **THE SOCIOECONOMIC STATUS OF ANGLOPHONES IN QUEBEC BY THE INSTITUT NATIONAL DE SANTE PUBLIQUE DU QUEBEC<sup>3</sup>:**

- The health status of a population is influenced by a number of determinants, some of which cannot be altered, such as age and sex, and others which can be modified through changes in lifestyle habits, implementation of health-friendly public policy, or better access to healthcare services. Socioeconomic status is a big part of the analysis of health determinants and the relationships among them. The relationship between socioeconomic and health status is well documented (Braveman et al., 2010; Orpana et al., 2009; Pampalon et al., 2008; Feinstein 1993; Winkleby et al., 1992).
- Two dimensions most often used in health studies to estimate socioeconomic status are education level and income. But beyond wealth as measured with indicators such as average income, it is increasingly acknowledged that inequality of income, regardless of actual level, can exacerbate health disparities. The more unequal the income distribution in a society, the less healthy its population will be (Auger et al., 2011; De Vogil et al., 2011; Wilkinson and Pickett 2006; Lynch et al., 1998).
- The proportion of the population living below the low income cut-offs (LICO) is a classic indicator used to assess the socioeconomic

health of a population. LICOs are defined as the income below which a family is likely to spend 20 percentage points more of its income on food, shelter and clothing than the average family. They are adjusted according to family size and area of residence (Statistics Canada 2009). Anglophones are proportionally more likely to live below LICOs than Francophones. One of the most striking findings arising from the geographical analysis is that regional disparities are more pronounced among Anglophones than among Francophones. Anglophones are losing steam socioeconomically compared to Francophones and having uncovered growing divisions within the Anglophone population, we can only speculate at this point on the future effects of this deterioration on the health status of Quebec Anglophones.

### **A PORTRAIT OF THE ENGLISH-SPEAKING COMMUNITIES IN QUEBEC BY CANADIAN HERITAGE'S OFFICIAL LANGUAGES SUPPORT BRANCH<sup>4</sup>:**

- Access to Health & Social Services (H&SS): The 2006 PCH survey showed that in addition to employment, ESC respondents registered low levels of satisfaction with access to H&SSs as compared to other sectors. In this jurisdiction as well, Bill 101 has imposed restrictions on service providers, which in turn, has had the effect of creating variations in access across the province. Under this legislation only designated institutions (that is, those serving a

3) The Socioeconomic Status of Anglophones in Quebec by the Institut National de Sante Publique du Quebec

4) A Portrait of the English-speaking Communities in Quebec by Canadian Heritage's Official Languages Support Branch

population that is more than 50% non-French-speaking) are required to provide services in English and the number of providers that meet this criterion are reduced by restructuring. Regions such as those outside major urban centres in remote locations where the critical mass of English-speakers is weaker show greater disparity in terms of access. Studies have shown that limitations on access to services in English also limit access to information on health promotion or prevention programs from public health and social service institutions, which ultimately limits the effectiveness of health policy in general.

- In order to facilitate access to services in the language of OLMC's in Canada, the federal government contributes additional resources through transfer agreements with provinces and territories. Despite improvements in this sector as a result of the joint efforts of the federal and provincial governments, sustained investment remains a priority. The ESCs do not compare favorably with the francophone majority on determinants that assess community health, such as income, employment, demographics and social supports. From a population health perspective, English-speakers also face the challenge of living in an environment where access to linguistically and culturally appropriate services is limited by the reality of minority status. According to research, language barriers create inequalities in health status; problems in communication reduce the usefulness of preventative services, increase the amount of time spent in consultations and on diagnostic tests, and negatively influence the quality of service in areas where language is an essential tool such as mental health services, social services, physiotherapy, and occupational therapy.

*"People don't visit like they use to"*

A common remark from seniors when they were interviewed during the recent needs assessment

## **LONELINESS, DEPRESSION AND SOCIABILITY IN OLD AGE BY THE ASSOCIATION OF INDUSTRIAL PSYCHIATRY OF INDIA<sup>5</sup>:**

- The elderly population is large in general and growing due to advancement of health care education. These people are faced with numerous physical, psychological and role changes that challenge their sense of self and capacity to live happily. Many people experience loneliness and depression in old age, either as a result of living alone or due to a lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in community activities. With advancing age, it is inevitable that people lose connection with their friendship networks and that they find it more difficult to initiate new friendships and to belong to new networks. There is a growing body of evidence that suggests that psychological and sociological factors have a significant influence on how well individuals age. Ageing research has demonstrated a positive correlation of someone's religious beliefs, social relationships, perceived health, self-efficacy, socioeconomic status and coping skills, among others, with their ability to age more successfully.
- **Depression** or the occurrence of depressive symptomatology is a prominent condition amongst older people, with a significant impact on the well-being and quality of life. Many studies have demonstrated that the prevalence of depressive symptoms increases with age (Kennedy, 1996). Depressive symptoms not only have an important place as indicators of psychological well-being but are also recognized as significant predictors of functional health and longevity. Longitudinal studies demonstrate that increased depressive symptoms are significantly associated with increased difficulties with activities of daily living (Penninx et al., 1998). Community-based data indicate that older persons with major depressive disorders are at increased risk of mortality (Bruce, 1994). There are also studies that suggest that depressive disorders may

<sup>5</sup>) Loneliness, depression and sociability in old age by the Association of Industrial Psychiatry of India

be associated with a reduction in cognitive functions (Speck et al., 1995).

- **Loneliness** is a subjective, negative feeling related to the person's own experience of deficient social relations. Loneliness may lead to serious health-related consequences. It is one of the 3 main factors leading to depression (Green et al., 1992), and an important cause of suicide and suicide attempts. As people grow old, the likelihood of experiencing age-related losses increases. Such losses may impede the maintenance or acquisition of desired relationships, resulting in a higher incidence of loneliness. When this occurs in combination with physical disablement, demoralization and depression are common accompaniments. The negative effect of loneliness on health in old age has been reported by researchers (Heikkinen et al., 1995). Those in the oldest age cohort are most likely to report the highest rates of loneliness, reflecting their increased probability of such losses.

- **Sociability** plays an important role in protecting people from the experience of psychological distress and in enhancing well-being. George (1996) summarized some of the empirically well-supported effects of social factors on depressive symptoms in later life, and reported that increasing age, minority racial or ethnic status, lower socioeconomic status and reduced quantity or quality of social relations are all associated with increased depressive symptom levels. Social isolation is a major risk factor for functional difficulties in older persons. Loss of important relationships can lead to feelings of emptiness and depression. "Persons involved with a positive relationship tend to be less affected by everyday problems and to have a greater sense of control and independence. Those without relationships often become isolated, ignored, and depressed. Those caught in poor relationships tend to develop and maintain negative perceptions of self, find life less satisfying and often lack the motivation to change" (Hanson & Carpenter, 1994).





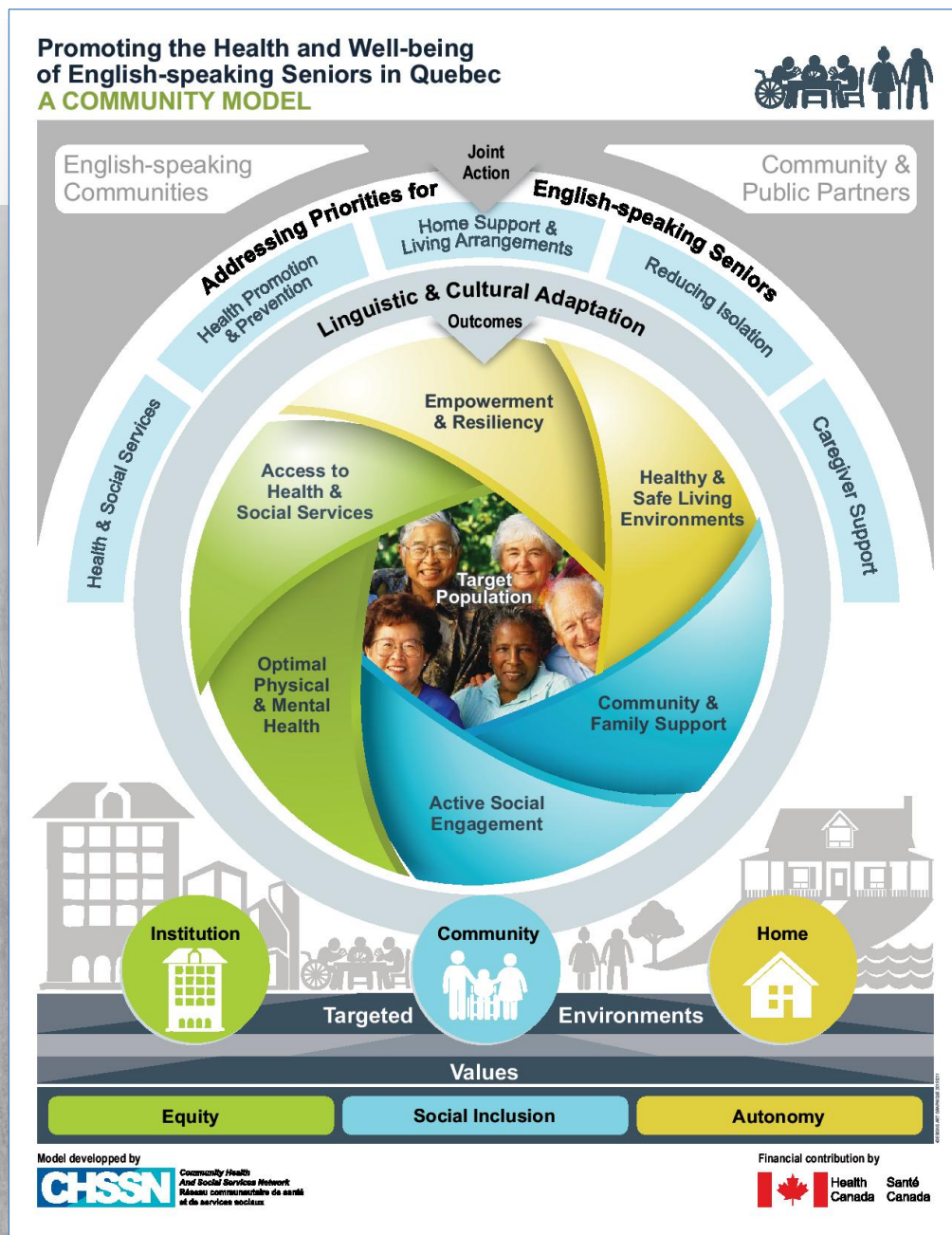
# A Community Model

## Promoting the Health and Well-being of English-speaking Seniors in Quebec

The community model for promoting the health and well-being of English-speaking seniors in Quebec was developed by the Community Health and Social Service Network (CHSSN) in collaboration with a variety of community organizations throughout Quebec. The main purpose for the model is to help inform and guide English-speaking communities, their community

and public partners in their ongoing collaborative efforts to effectively adapt programs and services to improve the lives of English-speaking seniors in their communities. The model promotes a holistic perspective of health and well-being and proposes a comprehensive strategy not limited to quality and access to health care, but inclusive of the social, cultural, economic and environmental conditions of English-speaking seniors<sup>6</sup>.

6) Promoting the Health and Well-being of English-speaking Seniors in Quebec – A Community Model



# SURVEY RESULTS

## *Survey targeting seniors aged 65 and older*

A survey directly targeting English-speaking seniors was conducted. The survey targeted seniors aged 65 and older residing within the English-speaking community including the municipality of Grosse Île and the village of Entry Island. A survey directly targeting natural caregivers was also conducted as a means of better understanding their current situation and needs.

Each interview lasted from a half an hour to three hours. The information from the interviews was compiled along with relevant statistics to provide a simple, yet informative overview of the situation to inform future action.

### Survey respondents

AGE GROUP	GROSSE ÎLE	ENTRY ISLAND
65-74	19 (of a total of 50)	3 (of total of 13)
75-84	8 (of a total of 13)	6 (of a total of 11)
85 plus	6 (of a total of 7)	3 (of a total of 3)
<b>TOTAL</b>	<b>33</b>	<b>12</b>

GENDER	GROSSE ÎLE	ENTRY ISLAND
Male	17	5
Female	16	7
<b>TOTAL</b>	<b>33</b>	<b>12</b>

## *Grosse Île*

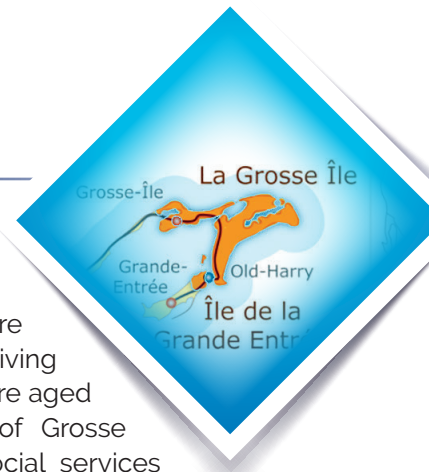
According to Statistics Canada, in 2011 there were approximately 490 citizens living in Grosse Île, of which 65 were aged 65 plus. The community of Grosse Île accesses health and social services either through the local CLSC, located within the territory of Grosse Île, or via the Islands' hospital, which is located on the main island of Cap-aux-Meules. In addition this, home visits by the CLSC nurse are also available for those in need, mostly the senior population. In case of an emergency, patients are transported to the hospital via ambulance, and when necessary, to Quebec City.

### Results

During the months of July and August, the Seniors Outreach and Liaison Agent visited thirty-three (33) seniors, aged 65 and older to inquire about their health and social service needs. Also, ten (10) caregivers were asked to provide information pertaining to their loved one's situation. The primary targeted group was seniors living alone who may require home care or other health and social services in order to maintain autonomy and break isolation. Upon arrival at the senior's home, a small questionnaire was filled out.

### 65-74 years old

This portion of the senior population still considers themselves as very active and very independent. The majority of respondents who answered the survey are married or living common-law and all live in their own homes. Transportation and getting around is usually not an issue for them, but transportation is less accessible during the winter months so they rely more on neighbours or family members. In terms of services, the majority are somewhat or very familiar with what is available, and have at some point during the year, used them. When they were asked if they had encountered any challenges in accessing services, many did not respond, others identified "other" as the reason for not accessing health care services, but did not elaborate on why. Culturally, English-speakers are reluctant to complain, and often





feel that they have been serviced well as long as someone was nice to them. Their hesitance to reveal their challenge in accessing services could be the result of that culture or the feeling of burdening someone. The majority of those questioned identified a spouse or family member as someone they turn to when feeling unwell. It was interesting to note that five (5) respondents identified the public institution.

When questioned about their overall health and well-being, the majority of respondents considered themselves as being active from 3-5 times per week. The majority do not smoke, and consider themselves of having healthy eating habits. Socially, this age group is also quite active. Many are still engaged in community as volunteers and believed that keeping active and connected was the key to staying healthy. This age group identified social and physical activities as their priority need for services, with the exception of two (2) respondents who felt that they required services for domestic duties and personal hygiene. It was clear that the respondents from this age group do not see themselves as requiring institutionalized services such as a senior's home within the next 5 years. Twelve of the nineteen answered that they plan to stay home with home care services and seven believed that they would still be completely independent. The preferred method of communications for this group is personal telephone calls.

### **75-84 years old**

This portion of the senior population also considers themselves as being active and independent. The majority of respondents who answered the survey from this age group are widowed and living alone in their own homes. Transportation and getting around is not an issue for them. In terms of services, the majority are somewhat or very familiar with what is available, and have at some point during the year, used them. When they were asked if they had encountered any challenges in accessing services, again many did not respond. The majority of those questioned identified a spouse or family member as someone they turn to when feeling unwell, and only one identifying the public institution (family doctor or CLSC).

When questioned about their overall health and well-being, the majority of respondents considered

themselves as being fairly active. There was only one occasional smoker among respondents of this age group, and they all considered themselves as having healthy eating habits. Socially, this age group is also quite active. Many are still engaged in the community as volunteers, and believed that keeping active and connected was the key to staying healthy. This age group identified social and physical activities as their priority need for services, as well as access to domestic services (housekeeping and food preparation). The respondents from this age group are very interested in receiving friendly visits on occasion from community members, and in receiving in-home services such as hair dressing and foot care. Only two respondents from this age group see themselves as requiring institutionalized services such as a senior's home within the next 5 years. The others answered that they foresee themselves as staying at home requiring home care services. The preferred method of communications for this group is personal telephone calls.

### **85 plus**

Although members of this age group are not as mobile as their younger peers, this portion of the senior population also considers themselves as still being active and independent. All of the respondents who answered the survey from this age group are widowed. Four of them are living in their own homes with another person, and two are living alone in their own homes. Transportation and getting around is not an issue for them. They all reported having access. In terms of services, the majority are somewhat or very familiar with what is available, and have at some point during the year, used them. When they were asked if they had encountered any challenges in accessing services, again many did not respond. All of those questioned identified a family member as someone they turn to when feeling unwell.

When questioned about their overall health and well-being, the majority of respondents considered themselves as still being fairly healthy. There was only one smoker among respondents of this age group, and they all considered themselves as having healthy eating habits. Socially, this age group is also quite active. Two are still engaged in community as volunteers and all respondents believed that keeping active and connected was the key to staying healthy. This age group identified social activities as their priority



need for services, as well as access to domestic services (housekeeping and food preparation) and home care services. The respondents from this age group are also very interested in receiving friendly visits on occasion from community members and in having access to transportation and accompaniment when needed. Five of the six respondents foresee themselves as staying at home requiring home care services within the next 5 years and the other expects to be completely independent. The preferred method of communications for this group is also personal telephone calls.

### Additional information

#### Comments:

- More respite care
- More access to information in English
- More English services
- More social activities, card games
- Create a gathering place for seniors
- More home visits
- More low rental housing

#### Concerns:

- Food insecurities
- Financial insecurities
- Winter chores such as snow removal
- Access to transportation in the winter months
- No access to paid home care providers (very few on East end)



### ANALYSIS OF SURVEY/ INTERVIEW RESULTS:

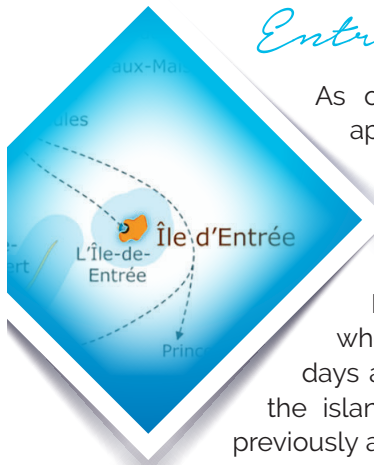
The data collected is fairly consistent from one age group to another. It is obvious that the senior population of Grosse Ile is still fairly healthy and socially active. Generally speaking, most seniors know of or have accessed services in the past year. It was unanimous that personal telephone calls are the communication of choice for all seniors. It was interesting to note that all three age groups viewed keeping active and **connected to other people** as

the key to staying healthy. This was a consistent message heard throughout the survey process, reinforcing the need for creating environments and opportunities for gathering and/or socializing. Another interesting observation was how the 65-74 age group did not answer the question regarding issues to accessing services; however in the additional comments they identified needs such as more access to information in English and more English services, leading us to believe that there were in fact issues to access.

### Recommendations for senior support (GI):

- **Encourage more participation** in volunteer services such as CAB (meals on wheels, transportation services, friendly visits, etc.)
- **Implement strategies** that ensure seniors and their families are aware of the various programs already in place that support them such as the food bank, meals on wheels, collective kitchens, etc... (fridge magnets, resource guide, resource fair, etc...)
- **Develop and implement wellness centres** for seniors that include recreational activities, cognitive exercises, health education workshops, video conferencing, etc., as currently consistent programming and a gathering place for seniors is lacking in the community.
- **Intergenerational activities:** CAMI has been very active in the past in promoting intergenerational activities within the English-speaking community of the Magdalen Islands. With appropriate coordination, this activity

- could be revitalized and would greatly contribute to breaking isolation among seniors. This could be done in partnership with the local Community Learning Center (CLC), the Municipality and the church. Activities could include computer classes for seniors.
- **Increase interaction** between the two linguistic communities through the offering of social events, for example with the 50 Plus Clubs.
- **Training/Employment Opportunities:** Raise awareness of the health and social service needs of seniors, both within the community and within the educational network, and promote need for training opportunities and careers in home care services where there could be a possibility for full-time employment.
- **Work with community resources to develop a local framework** that supports vulnerable and marginalized members of the community (seniors & other), by reducing food and financial insecurities.



## Entry Island

As of September 2016, there were approximately 60 English-speaking residents living on Entry Island full-time, with the youngest person being 45 years of age and the oldest 93 years of age.

In addition to an outpost nurse who is available 24 hours a day, 7 days a week, a nurse practitioner visits the island quarterly to provide services previously assumed by a general practitioner (GP). In the event of an emergency situation, residents are transported to the main island (Cap-aux-Meules) via ferry service, helicopter, or if warranted, the Coast Guard vessel.

### Results

In September, the Seniors Outreach and Liaison Agent, accompanied by the Entry Island Community Coordinator, visited seniors on Entry Island to inquire about their health and social service needs. The same process was used on Entry Island as in Grosse Ile, with the first contact being made via a personal telephone call which then resulted in a home visit. Twelve (12) seniors were interviewed on Entry Island.

#### 65-74 years old

Only two people of this age group were surveyed, one male and one female. Both are married and live in their own home. One was very familiar with services available; the other was not as familiar. Both respondents have used services of the CISSS in the past year (ER or CLSC). Neither reported any issues to access. When asked who they turn to for help when they're not feeling well, they both identified the CLSC. The male respondent also identified his wife whereas the female respondent identified her family doctor.

With regards their health and well-being, the female respondent identified herself as being active 1-2 times per week whereas the male identified 5 or more times weekly. Neither respondent smokes. Both respondents consider themselves as having good eating habits. When asked what their needs were for keeping healthy, the female checked off all of the options, whereas the male identified healthy eating, exercise and keeping active. When asked their needs for

services, the female answered physical exercise and social activities, the male said he did not require additional services. Both respondents identified Canada Post as their preferred method of communications. The female also identified email and telephone calls. Both respondents said that they see themselves as being completely independent in 5 years.

#### 75-84 years old

The majority of respondents who answered the survey from this age group are either widowed or single, however only 2 of them are living alone. They all own their own homes. Transportation and getting around on Entry is not an issue for them, however mobility on the main island seems to be more of a struggle. In terms of services, the majority are somewhat or not very familiar with what is available. The majority of respondents reported that they have used services of the CISSS or of a community organization in the past year, and did not encounter any issues in access. The majority of those questioned identified a family member or the CLSC as someone they turn to when feeling unwell.

When questioned about their overall health and well-being, the majority of respondents considered themselves as still being active. Of the respondents 5 were non-smokers, 2 were smokers. Five of the respondents considered themselves as having good eating habits whereas two felt that that ate enough (quantity), but didn't necessarily feel that quality was good. They identified the cost of food as a barrier to healthy eating. Socially, this age group is not as active as their counterparts in Grosse Ile. None of them are engaged in the community as volunteers, however they felt that being social and keeping connected to friends and family were key to staying healthy. They also identified healthy eating and regular exercise. This age group identified social activities, domestic duties and accompaniment to medical appointments as their priority needs for services. The respondents from this age group are very interested in receiving friendly visits on occasion from community members and in receiving in-home services such as hair dressing and foot care. Only one of the respondents from this age group see themselves as requiring institutionalized services such as a senior's home within the next 5 years. The others answered that they foresee themselves as staying at home requiring home care services. The preferred method

of communications for this group is personal telephone calls.

### 85 plus

There were only three respondents from this age group, of which were all female and all widowers. Two of the respondents live alone, while the other lives with someone else. Two reported having access to transportation while one did not. Two of the three were quite familiar with services available, while one was not. All three of the respondents have at some point during the year have accessed services of either the CISSS or of a community organization. When they were asked if they had encountered any challenges in accessing services, they did not respond. All of those questioned identified a family member as someone they turn to when feeling unwell, one also identified the CLSC.

When questioned about their overall health and well-being, one respondent said they were not active at all, one said they were active 1-2 times per week and the other said 1-2 times per month. None of the respondents smoke and two considered themselves as having healthy eating habits. The third respondent doesn't consider herself as having good eating habits mostly because often she's not feeling well, or she's just not up to cooking for one person. Socially, this age group is less active. None of them are engaged in the community as volunteers anymore. One respondent checked off all of the options

when asked how to keep healthy, the other two identified healthy eating, exercise and keeping connected to friends and family.

This age group identified light housekeeping and transportation/accompaniment as their priority needs for services, as well as home care services. The respondents from this age group are also very interested in receiving friendly visits on occasion from community members and in having in-home services (hairdressing, foot care). Two of the three respondents foresee themselves as staying at home requiring home care services within the next 5 years and the other expects to require services of a senior's residence with home care. The preferred method of communications for this group is personal telephone calls.

### Additional information

#### Comments:

- More gatherings
- More activities
- Computer classes
- More home visits
- More card games

#### Concerns:

- Food insecurities
- Transportation / accompaniment on main island
- Care for the future



## ANALYSIS OF SURVEY RESULTS

The data collected is fairly consistent from one age group to another. The senior population of Entry Island still consider themselves as fairly healthy and socially active. Generally speaking, most seniors know of or have accessed services in the past year. Seniors on Entry Island have an increased sense of belonging to their CLSC and the nurse. This is likely due to the fact that the nurses are stationed on the island 24/7, and are often doing home visits or participating in community activities. The seniors of Entry seem to be more familiar with CLSC services and home care services than those of Grosse Ile, but less aware of community organizations like CAMI and Collective Kitchens. Most seniors were very familiar with the Meals on Wheels

program provided by the CAB (Centre d'Action Benevole) as well as the house-keeping service provide by L'Essentiel. There is an increased need for transportation and accompaniment for seniors of Entry Island, more specifically when travelling to the main island to access services. It was interesting to note that many of those questioned were not engaged in community as volunteers, nor were they as active as their counterparts in Grosse Ile. Perhaps there is a correlation between this and the fact that they are not as familiar with community services as they are of those offered by the public institution. Isolation, depression or loneliness could possibly be factors to this similar trend among Entry Island seniors. It was unanimous that personal telephone calls are the communication of choice for all



seniors. It was interesting to note that all three age groups viewed keeping active and eating healthy as the key to staying healthy. They also identified keeping connected with friends and family, but it was not as predominant as it was in the Grosse Ile interviews. This was a consistent message heard throughout the survey process, reinforcing the need for creating environments

and opportunities for gathering and/or socializing. Another interesting observation was how the 65-74 age group did not answer the question regarding issues to accessing services; however in the additional comments they identified needs such as more access to information in English and more English services, leading us to believe that there were in fact issues to access.

### **Recommendations for senior support (EI):**

- **Encourage local volunteers** to provide friendly visits, as some seniors are isolated and do not leave their homes unless needed (i.e. doctor visit to Main Island)
- **Encourage local volunteers** to provide more support for transportation and accompaniment for off-island appointments, and promote the volunteers to seniors
- **Organize more social gatherings** that provide instances and opportunities for gathering (i.e. card games, musical events, bingos) to bring the community together and help alleviate the feeling of loneliness.
- **Implement health promotion programming** that promotes healthier lifestyles for seniors and include activities like cognitive exercises, light physical exercises and health education in order to enhance seniors' independence (via CAMI Wellness Centers or in partnership with CISSS Centre de Jour program)
- **Capitalize on the relationship seniors have with the CLSC nurse** to increase access to services and health education in general
- **Implement strategies** that ensure seniors and their families are aware of the various programs already in place that support them such as the food bank, meals on wheels, collective kitchens, etc...
- **Work with businesses / services providers** to increase access to in-home care such foot care or hairdressing

### **CAREGIVERS**

A caregiver is someone who invests time to provide care and regular support at home to a senior with major or chronic disabilities, whether as a result of aging, an accident or an illness. Many caregivers are dealing with family members that require full-time care (particularly seniors with cognitive impairment or mobility issues) as they cannot be left unattended. The main grievance

identified by caregivers was the lack of respite care. It was unanimous that a period of time when the caregiver is "off duty" is absolutely needed. This time allows the caregiver to be absent for a few worry-free hours, as they know their loved one is being cared for by another person. A caregiver's morale can also be boosted through a friendly visit or telephone call, encouragement to participate in a social activity or most often an attentive listening ear.

A second survey was carried out among English-speaking caregivers both from Grosse Ile and Entry Island in order to get a better understanding of their needs and current situation. Fifteen caregivers were surveyed in total.

**Grosse Ile:** Of the ten caregivers who participated in the survey, eight were female. The majority of caregivers are still working whether it is full-time, part-time or seasonally. The median age of caregivers is 57 years old. They are mostly caring for a spouse or parent, and have all been caregivers for more than a year. Of the ten respondents, seven reported having someone to replace them in their absence, three do not. The majority would like to receive **support either through respite care resources, training & information sessions, or via social activities.** Their knowledge of available services varied from one caregiver to another. There is definitely room for increasing access to information in English on available services. Of those interested in increasing their knowledge on specific health topics, the following three were identified: cognitive impairment, COPD and mobility. Half of the respondents would like information to better understand the complaints process at the CISSS.

**Entry Island:** The five caregivers who participated in the survey were all female. The majority of caregivers are still working whether it is full-time, part-time or seasonally. The median age of the caregivers is 55 years old. They are mostly caring for a relative, and have all been caregivers for more than a year. Of the five respondents, all reported having someone to replace them in their absence. Four of them would like to receive **support** either through **respite care resources, training & information sessions, reading materials in English, or via social activities**. Their knowledge of available services varied from one caregiver to another. There is definitely room for increasing access to information in English on available services. Of those interested in increasing their knowledge on specific health topics, the following three were

identified: cognitive impairment and diabetes. A little more than half of the respondents would like information to better understand the complaints process at the CISSS.

### **Additional Information**

#### **Comments:**

- More information / training on how to deal with health conditions such as cognitive impairment and diabetes
- More information of financial assistance programs: tax credits, compassionate care benefits, legal assistance
- More training sessions
- More social / physical activities: cooking classes, walking club, etc...

## RECOMMENDATIONS FOR CAREGIVER SUPPORT

- **Accompaniment and transport:** In collaboration with the Centre d'Action Benevole (CAB) mobilize community members to become volunteers in order to increase the offer of these services for isolated seniors and their families
- **Respite Care:** Work with various programs and service providers to ensure that caregivers are aware of respite care options, and are accessing them
- **Coping strategies:** Support the group APPUI Iles-de-la-Madeleine in offering their programming within the ESC through training sessions, workshops, respite care, etc...
- **Health education in English:** Promote CHEP videoconferences on health topics of interest for caregivers and seniors in order for them to become better informed on certain health issues
- **Increase knowledge of available services:** Develop tools and activities that increase access and knowledge to various programs and services (workshops, directory, resource fair, etc...)
- **Support social gathering:** Create inclusive environments that encourage the participation of caregivers
- **Food preparation:** Promote the Meals on Wheels and Collective Kitchens programming to caregivers as an option for supporting food preparation obligations



# IMPLEMENTING THE RECOMMENDATIONS

## THE ROLE OF COMMUNITY ORGANIZATIONS

In English-speaking communities in Quebec, local community organizations play an important role in providing information and services. According to the CHSSN/CROP Survey on Community Vitality (2015-2016), only 24.7% of English-speaking respondents had received information about public health promotion or prevention programs in English from the public health system in the previous 2 years.

When English-speaking communities across Quebec's sixteen regions are compared, those residing in the Gaspésie-Iles-de-la-Madeleine show the highest tendency to receive information about health and social services in English from a community organization. They are also the most likely regional community to turn to a community resource as a source of support in the case of illness. This underlines the important role of organizations such as CAMI in supporting community needs.

The development of community services and activities for the communities of Grosse Ile and Entry Island and its seniors is not a new activity for CAMI. Over the past years, CAMI had focused on the needs of its community's seniors through the development and delivery of social events and activities, the coordination and support of the CAB's services (Meals on Wheels, low cost transportation), among other activities. With adequate coordination and leadership, CAMI will strive to motivate seniors and service providers to increase access while reducing isolation and feelings of loneliness. CAMI also has been successful in providing seniors with important health information in English, which is often lacking.

CAMI is committed to working with its partners in order to take action on the findings of this needs assessment. One step in that process is to look beyond the immediate context to other promising approaches that can provide inspiration, and develop a community plan of action that addresses the needs as identified by the assessment findings.

## *Promising Approaches*

Below are two examples of community approaches taken by colleagues in the Gaspé region to address the needs of their ageing population:

### WELLNESS CENTRES

On the Gaspé coast, English-speaking seniors have access to bi-weekly wellness centres that are designed and implemented by CASA, CAMI's counterpart in that area. Their mission is to ensure that English-speaking seniors maintain their autonomy, independence and well-being; that isolation among seniors is decreased and knowledge is increased; and that connections between seniors and health care services are facilitated.

The Gaspé Coast wellness centres were evaluated in 2013, and according to that report the impact was positive. See an excerpt from the evaluation report below:

*On the whole, the evaluation findings provide a positive assessment of the wellness centres. They are making a positive contribution to the achievement of health and social services objectives such as fighting abuse and neglect, preventing falls among seniors and promoting healthy lifestyles through physical activity and healthy eating. They play a significant role in providing information on the services available and facilitating contact between seniors and health and social services personnel.*

### SENIORS RESOURCE GUIDE

Another promising approach coming from the Gaspé Coast is the production of a seniors resource guide. This guide was developed by Vision Gaspé Perce Now, another non-profit community organization from the Gaspé working to serve the English-speaking minority community of the town of Gaspé and surrounding areas. This guide provides helpful information on various organizations that provide services and support to seniors from within the region, along with their



contact information. It is a very hands-on resource that brings together relevant information to one place.

## CONCLUSION & NEXT STEPS

It is obvious that the senior population of the Magdalen Islands' ESC is still quite healthy and active, despite a context that is characterized by a high-level of socio-economic disadvantage and community devitalization. It is also important to recognize that English-speaking seniors and caregivers experience barriers to accessing services in their own language; their status as a linguistic minority locally, regionally and provincially poses certain challenges to the availability of resources in English. This highlights the importance of collaboration and partnerships with the majority community and its resources, aligning actions when appropriate.

Uniquely, when compared to other linguistic minority communities across Quebec, the percentage of seniors is much lower within the Magdalen Islands ESC, than in most other communities in Quebec, specifically in the rural

areas. This is also the case when compared to their Francophone counterparts locally, hence the explanation for greater health and mobility. In order to maintain the vitality of this very important sector of the population, community and government organizations must collaborate in developing actions that are very focused and tailored to the unique context of the community. The hiring of an Outreach & Liaison Agent has helped to facilitate access and create links with the majority community services, as well as to decrease the feeling of loneliness and isolation. The next page identifies risk factors and potential strategies for improving the health & well-being of seniors. CAMI will work with partners to develop local and regional strategies to address the specific needs that have surfaced from this study. This will be done in collaboration with local, regional and provincial partners, from both the government and non-government sectors.



# ANNEX A

## RISK FACTORS VS POTENTIAL STRATEGIES FOR IMPROVING THE HEALTH AND WELL-BEING OF SENIORS

RISK FACTORS	POTENTIAL STRATEGIES
<p>Personal loss: widowhood, separation or divorce</p> <p>Lack of adequate social networks</p> <p>Change: loss of familiar roles such as employment, family structure changes, etc...</p> <p>Caregiving</p> <p>Gender: women are more vulnerable to experience loneliness / social exclusion, more likely to lose drivers licence, etc...</p> <p>Tedium: Boredom or idleness due to increased amounts of spare time</p> <p>Unilingualism</p>	<p>Define and implement policies &amp; practices that aim to target and identify seniors that are at risk of becoming socially isolated</p> <p>Provide training for community resources (staff &amp; volunteers) on social isolation &amp; identifying those at risk and offer appropriate referrals</p> <p>Improve access and opportunities for seniors to engage in civic, cultural, employment and volunteer activities in their community</p> <p>Establish home visiting program / telephone befriending programs for seniors who are less mobile</p> <p>Encourage support service providers and volunteers to spend additional time with seniors unable to leave their home and are at risk of becoming isolated</p> <p>Increase access to support for natural caregivers</p> <p>Education and opportunities to discover personal talent and sense of self</p>
<p>Physical setbacks: limited mobility, inability to drive, impaired sensory capabilities</p> <p>Illness: declining health due to chronic illness</p> <p>Mental health issues: depression and/or anxiety</p> <p>Self-image: mild cognitive impairment that often results in fear, lower self-esteem or embarrassment</p> <p>Lack of awareness of health and social services available in their language</p> <p>Accessibility of services / information: limited access or inadequate access to primary health care</p>	<p>Raise awareness among aging and general population, as well as H&amp;SS providers</p> <p>Define and implement policies and practises &amp; education that reject stereotyping of ageism and reduces stigma related to mental health</p> <p>Education &amp; skills to become more resilient, confident and emotionally strong</p> <p>Encourage organizations &amp; institutions to be more creative in service and facility development that facilitates the participation of seniors</p> <p>Advocate needs for improved services in English</p> <p>Create spaces and opportunities where seniors and service providers can have in-depth dialogues on topics such as mobility issues, sensory loss, or cognitive impairment</p> <p>Develop senior friendly tools and resources that increases access to information on services</p> <p>Define &amp; develop an effective approach for linking seniors to health care providers and appropriate services as required</p>



RISK FACTORS	POTENTIAL STRATEGIES
<p>Socio-economic status: Low education levels - those with high school education or less, low income status, poverty, stigma</p> <p>Financial pressures: unexpected stress related to money problems, meeting costs-of-living</p>	<p>Increase the service delivery capacity of community organizations</p> <p>Develop programs that support low-income / vulnerable seniors and ensure that basic needs are met</p> <p>Develop/implement services and activities at low or no costs to seniors</p> <p>Develop / implement low cost meal delivery services</p> <p>Develop / implement low cost transportation services</p> <p>Adapt information sessions / workshops to needs of targeted audience</p>
<p>Living and suitable housing arrangements / affordable housing</p> <p>Walkability / physical safety of community</p>	<p>Encourage local authorities and institutions to place an emphasis on healthy and active aging in the community</p> <p>Encourage the municipality to promote and implement the "Age-Friendly Communities Initiative" in order to create a healthier and safer environment for seniors to live in</p> <p>Support seniors in their search / transition to suitable &amp; affordable housing (HLM and/or RI care)</p>

This table was inspired by the CHSSN's School and Community model using information retrieved from various studies including the recently published by Community Development Halton on loneliness and social isolation among seniors



## ANNEX B

### SUMMARY OF FINDINGS: POTENTIAL REVITALIZATION OF THE SERENITY RESIDENCE

#### *About the project:*

Jonathan Patton was engaged to conduct a feasibility study for the potential revitalization of the Serenity Residence. The targeted group was seniors 60 years and older (men and women) and their families currently residing on the East end of Îles-de-la-Madeleine and Entry Island. The results from this study were compiled and presented to the Municipality of Grosse Ile in order to establish concrete statistics as to the need for the revitalization of the Serenity Residence located in Grosse Ile.

#### *The results:*

After analysis of the data, it was determined that there is a need for the Serenity Residence to be open, but not right now. Of the people surveyed in Grosse Ile, Grande Entrée, and Entry Island, there were 4 potential people who are willing to immediately move to the Serenity Residence.

However in 5 years 10.6% of the people surveyed would be willing to reconsider the option, and in 10 years and more 41.9% would reconsider. 36.9% of those surveyed were not interested in ever going into a homecare facility (their family will be caring for them or they have other plans). Another 10.6% of those surveyed are considering the option of a homecare facility, but it will not be on the east end of the Islands. With regards to homecare services, currently 17.8% of the people surveyed receive this service. Of that 17.8%, the majority of them (42.4%) use this service for housekeeping. Only 10.2% have a live in caregiver. When asked to rate their mobility on a scale from 1 to 5, the average was 4.08. After carefully reading each survey and viewing each community's elderly people, the vast majority of the people are still in very good health, and this is something to be proud of. People are concerned about the future, where they will be, and how they will be looked after, but it is too soon for many of them to make plans. People are very open to the option of going to a homecare facility where many services will be provided.

#### *Recommendations arising from the study:*

- Ensure older Islanders **remain independent and engaged members** of our communities for as long as possible.
- Ensure older Islanders continue to **lead healthy and active lives** for as long as possible.
- Ensure older Islanders have **access to person-centred, high-quality, integrated care** as close to home as possible, provided by those who have the knowledge and skills to care for them.
- Ensure that the **family members and friends** of older Islanders who provide unpaid care for their loved ones **are acknowledged and supported**.

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