



WHITE PAPER ON ONTARIO'S
AGING
FRANCOPHONE POPULATION

September 2019



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SUMMARY

A major **demographic shift** linked to an increasingly aging population is underway throughout Canada, including Ontario. Ontario's Francophone population is not only older, but also more vulnerable than the province's general population, given that the level of education and revenue of Ontario's Francophone seniors is lower compared to the province's general population. Moreover, Francophone seniors often reside in rural areas and this can accentuate isolation and reduce access to services. They are also more likely to indicate weak physical and mental health.

AVERAGE INCOME BY FIRST OFFICIAL LANGUAGE SPOKEN

	French	Anglais
Age 45 to 64	\$63,941	\$67,856
Age 65 and over	\$39,756	\$48,030

Statistics Canada – 2016 census data

EDUCATIONAL LEVEL BY FIRST OFFICIAL LANGUAGE SPOKEN

	French	English
Age 45 to 64		
No diploma	11%	16%
Secondary school diploma	23%	22%
Post-secondary diploma	48%	44%
University below bachelor level	2%	1%
University diploma: bachelor or above	16%	17%

Age 65 and over		
No diploma	32%	22%
Secondary school diploma	20%	23%
Post-secondary diploma	34%	38%
University below bachelor level	2%	2%
University diploma: bachelor or above	11%	15%

Statistics Canada – 2016 census data



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Multiple issues are linked to aging and they are more complex still in minority settings. A series of **strategic issues** are central to the impacts of this demographic shift:

- Improving access to relevant and up-to-date data by funding studies and research that identify the specific needs of Francophone seniors throughout Ontario in all of their diversity, including communities more likely to be vulnerable, such as the LBGTQ+ community, New Canadians and seniors living in poverty.
- Reduce the vulnerability of Ontario's Francophone seniors by improving the offer of French language community services, reducing financial insecurity and reducing language barriers that impede access to health care professionals. Such changes would help to reduce the linguistic isolation of Francophone seniors.
- Increase the offer of long term care services adapted to Francophone seniors, including support for home services and natural caregivers.
- Call for the adoption of a comprehensive strategy on aging for Ontario's Francophone population and the adoption of proper and adequate models of service delivery.

The impediments to accessing French language services and the impacts of language barriers should lead to strategic reflection in order to raise awareness and engage in substantive dialogue with political and governmental decision-makers. A good example of this sort of dialogue is the motion to allow linguistic identification on the Health Card, which was unanimously adopted by the Legislative Assembly of Ontario in 2018. This measure is useful not only for the provision of French language services, but also for the collection of data on Francophones.

Measures to be taken to ensure the implementation of winning strategies for Ontario's aging Francophone population include engaging with the diversity of Francophone communities and optimizing the opportunities to maintain health and participate in social life actively, creatively and meaningfully, and spreading the period of productive work over the course of a lifetime to ensure financial security.

The identified **avenues for improvement** in the implementation of concrete changes require the establishment of Francophone provincial governance, tasked with matters such as:

- Maintaining, equitably distributing and improving the offer of French language services;
- Supporting navigation toward services for seniors within the health care and social services systems;
- Coordinating existing community resources;
- Creating a tool/interface to link the skills of seniors to work or volunteer opportunities in their communities.



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PREAMBLE

ORIGINS OF THE WHITE PAPER ON AGING

In October 2014, the Assemblée de la francophonie de l'Ontario (AFO) published its first White Paper: *White Paper on French Language Health Care in Ontario*. An updated version of this was published in September, 2018: *Health Care in Ontario. White Paper. A Health Care Plan for Francophones*. This work was much appreciated by the community and experts in the field and it provided a tool for situational analysis and priority-setting in the health care sector.

In light of the success of its first document, the AFO later published three additional White Papers, discussing Immigration, Arts and Culture, and Ontario's Francophone Media.

Collaboration between the AFO and the Fédération des aînés et des retraités francophones de l'Ontario (FARFO) made it possible to develop the present *White Paper on Ontario's Aging Francophone Population*. In dealing with this topic, it was important to avoid repeating the work of the White Paper on Health, but rather to target elements that need to be developed specifically for Ontario's aging Francophone population.

OBJECTIVES IN DEVELOPING THE WHITE PAPER ON AGING

For this specific context, the AFO retained the services of the Centre de leadership et d'évaluation Inc. (CLÉ) to support reflection and coordinate the drafting of the *White Paper on Ontario's Aging Francophone Population*. The work began with research on the challenges faced by the 65+ age group and particularly Francophones in that age group. Then, the comments of people within the age group were collected. The goals of the process were as follows:

- To provide the Franco-Ontarian community with an understanding of the current situation, strategic issues and measures to be taken to ensure the implementation of winning strategies for Ontario's aging Francophone population;
- Stimulate strategic thinking to raise awareness and engage in substantive dialogue with political and governmental decision-makers;
- Define the steps required to implement concrete changes and mobilize all the necessary community resources.



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METHODOLOGY

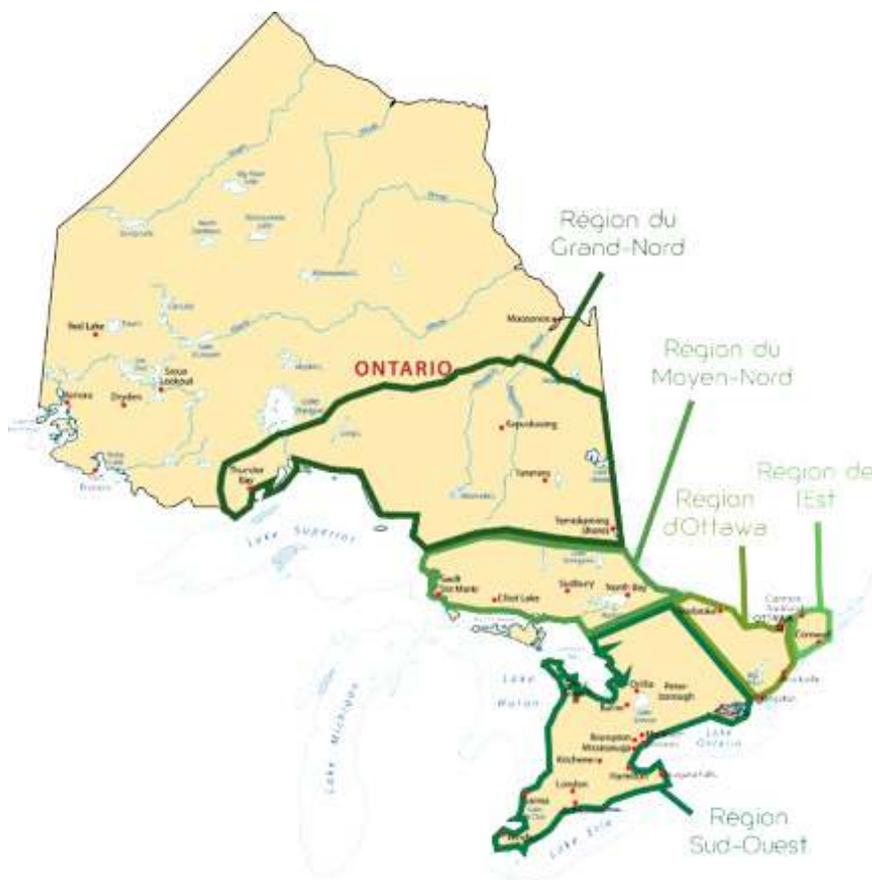
To meet these objectives, research projects, a literature review and consultations were conducted to identify the issues linked to aging and specifically to Ontario's aging Francophone population. Despite the general lack of research papers dealing specifically with the situation of Ontario's Francophones, the picture that emerged anchored the issues on strong foundations and provided an initial overview of the situation.

Following validation of that work by the AFO in partnership with the FARFO, an online survey was developed and sent to all FARFO members. In total, 824 people responded to the survey.

Lastly, direct consultations in five regions of Ontario (Northwestern, Mid-Northern, Southwestern, Eastern and Ottawa), as defined by the FARFO, provided opportunities to collect qualitative data. This definition of Ontario's five regions was adopted for methodological reasons, because it corresponds to the boundaries the FARFO uses in its activities and communications.

The data obtained in the focus groups was then analyzed and common themes were identified. The results of this process brought to light a number of realities experienced by Ontario's Francophones, which were confirmed by the situational analysis and research.

Please note that the author-date method is used to indicate the source of references and quotes. Complete references are indicated in the bibliography.





CONTEXT

AN UNDENIABLE DEMOGRAPHIC SHIFT

The aging of Canada's population is accelerating. This impacts not only family ties, but also the socio-economic and cultural landscape. Very old seniors, those aged 85 and over, today constitute a demographic reality that must be taken into account when developing public policy, states Jacques Légaré of the Université de Montréal [Légaré, 2015]. In his view, this population presents distinct characteristics related to educational levels, socio-economic status and state of health.

Compared to the past, Canadians have a better chance of living beyond age 65 and there are greater numbers of seniors who are still working or want to remain active. The next generation, i.e. baby boomers, have more education, more resources and better health, so their needs are not the same as those of earlier generations. As noted by the Senate [2017], Canada is experiencing a demographic shift as baby boomers reach retirement age.

It has been shown that seniors are the most heterogeneous demographic group, not only in terms of age, but also for individual differences such as phase of life, family constellation, culture and socio-economic type and status, to name a few. Therefore, it is essential to recognize the needs and inherent issues associated with these differences and to determine if the Francophone variable raises an additional issue.

Some demographic statistics for the general population of Canada

- In Canada, from **1981 to 2031**, the observed and forecasted trend is a **24% increase in the number of people aged 65 and over**. In comparison, the growth rate for people aged less than 65 is 6% [CIHR, 2013].
- In **2021, 18.7% of the population will be 65 and over**. The proportion is expected to increase to **23.1% in 2031** and **25.5% in 2061** [Statistics Canada, 2015].

It is therefore clear that the country's aging trend has considerably increased over the past few decades and is expected to continue on this course in coming decades.

- Slightly more than 80% of people aged 71 and over have chronic health problems [Statistics Canada, 2015].
- At least 40% of women and 24% of men aged 65 to 74 experience solitude. The proportion rises with age to reach 45% of women and 31.7% of men aged 85 and over [Statistics Canada, 2015].
- By 2026, almost 5% of the population aged 65 and over will have Alzheimer's disease [Statistics Canada, 2015].



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Some demographic statistics for Francophones

- In Canada, excluding Quebec, the number of people aged 65 and over whose mother tongue is French or who are of immigrant background grew by 63.6% between 2011 and 2016 [Fédération des aînées et aînés francophones du Canada, 2019].
- In Ontario, 17.1% of immigrant seniors speak French [Fédération des aînées et aînés francophones du Canada, 2019].
- In 2016, **the proportion of people aged 65 and over in Ontario is greater among Francophones at 19.5%**, compared to Anglophones at 16.2% [French Language Services Commissioner of Ontario, 2019].
- Francophones aged 65 and over are more likely to be living alone compared to the general population: in Canada, 38.8% vs. 36.5%; in Ontario, 36% vs. 35.8% [Fédération des aînées et aînés francophones du Canada, 2019].
- The education level for Francophones aged 65 and over in Ontario and Canada is lower than for Anglophones: 35.5% of Francophones have no educational credentials; 22.8% have a secondary school diploma; 41.7% have a post-secondary diploma or certificate [Fédération des aînées et aînés francophones du Canada, 2019].

The average revenue of Francophones aged 65 and over in Ontario is lower by approximately \$4,686 compared to Anglophones. For Canada as a whole, the difference is almost double that amount [Fédération des aînées et aînés francophones du Canada, 2019].

The labour market participation level [12.2%] and the employment level [11.2%] for Francophones aged 65 and over in Ontario and Canada is lower than for Anglophones [16% and 15.2%] [Fédération des aînées et aînés francophones du Canada, 2019].

It must therefore be concluded that population aging is more acute among Francophones in minority settings [French Language Services Commissioner of Ontario, 2018]. A statistical report prepared by the Government of Ontario and the Ontario Trillium Foundation indicates that Ontario's Francophone community is older than the province's general population, with a larger proportion of people aged 65 or more and a lesser proportion of people aged 35 or less [AFMO, 2019].

This demographic shift has many implications, mainly in the health care sector where growing needs will have to be met. Concerning Ontario's Francophone population specifically, there are multiple challenges, including population aging, the effect of minority settings and the diversity of the older population, along with a number of challenges in the continuum of services, particularly for transitional and long-term care [Reflet Salvéo, 2019].



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According to the French Language Services Commissioner (2019):

Public policies must therefore be developed for this aging population. Best practices must include successful models such as regional bilingual interdisciplinary teams. Key stakeholders must be involved in finding solutions, including French Language Health Planning Entities that will continue to be responsible for planning local health services in French.

SIGNIFICANT DIVERSITY

It would be wrong to consider seniors as a homogenous population. Rather, its diversity and its wide-ranging activities and needs are the foremost observation. In fact, the differences between individuals in all human groups appear to increase with age. After a lifetime of accumulated experiences and opportunities, older adults present greater variation by age, stage of life, family constellation, culture, ethnic group, gender, sexual diversity and socio-economic status (Shnall, 2018). This diversity is also reflected in the continuum of people who are either still employed, recently retired, or healthy older adults who continue to have an active and productive life-style, or in the situation of vulnerable older adults with specific needs who live in a facility due to poor health. In light of the major differences within this population, the key is to strive to maintain and maximize the functions of everyday life and to improve quality of life.



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WHAT STUDIES HAVE SHOWN

ISSUES RELATED TO AGING IN GENERAL

According to the many studies in this field, the following issues are dominant:

- The medicalization of aging
- Health care needs (chronic illnesses, mental health, palliative care, home care and delivery of health care services)
- Needs related to housing and transportation
- Abuse and negligence
- Financial security and retirement
- Place of residence: urban and rural

There are a number of more positive issues as well:

- Promotion of active living, well-being, health and prevention
- Prevention of injuries
- Active participation in socio-economic life, volunteering and continuing education
- Contribution to community development
- Access to technological resources

MEDICALIZATION OF AGING

One of the biggest challenges faced by older adults is adapting to physical, psycho-social and cognitive changes. Advancements in science and medicine and improved living conditions and hygiene have contributed considerably to extending life expectancy in developed countries.

Gradually, aging has been seen through the lens of medicalization, a perspective that continues to reflect an underlying hypothesis of aging as pathology. Sustained efforts must be made to dissociate normal aging from the processes of illness. It is important to distinguish normal aging from geriatric conditions affecting older adults in order to understand what normal aging is, which geriatric conditions affect older adults and how to provide them with effective assistance in maintaining their functional skills and quality of life. This adaptation cannot be accomplished without help and support from public authorities, governments and professionals in all sectors of health care. Moreover, distinguishing aging from illness implies upstream efforts targeting health indicators.



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HEALTH CARE NEEDS (*chronic illness, mental health, palliative care, home care and delivery of health care services*)

Issues related to chronic illness are a challenge for the health care system. The latest data from Statistics Canada indicate that the majority of people aged 65 and over live at home [Statistics Canada, 2012] and that eight types of health problems each affect more than 10% of the over-65 population [hypertension, arthritis, back and eye problems, heart disease, osteoporosis, diabetes, urinary problems]. Also noted are factors linked to social isolation, such as hearing problems, pain, emotions, cognitive deficit and fear of falling [Statistics Canada, 2015].

Health care needs that go untreated will affect older adults in all walks of life. Problems such as depression are often seen as inevitable aspects of aging, when in fact older adults require support to face loss, adjust and deal with life events. End-of-life mental health problems arise because people have become ill, have disabilities and are lacking social support [Senate, 2007].

In Canada, annual health expenses are on average \$11,635 for people aged 65 and over, compared to \$2,663 for people aged 15 to 64 [Senate, 2017]. An aging population will certainly mean economic repercussions for Canada. According to the Conference Board of Canada [in Senate, 2017], the growth rate of health care expenditures will be greater over the course of the next decade.

NEEDS RELATED TO HOUSING AND TRANSPORTATION

Because of longer life expectancy, issues related to chronic illnesses and disabilities have increased: lack of transportation, lack of adequate, affordable and inclusive housing, reduced social activities and isolation are but a few examples. The financial implications of disabilities can result in rapid changes in well-being and lifestyle.

ABUSE AND NEGLECT

Loss of autonomy can result in vulnerability, progressive isolation, risk of abuse and negligence and impacts on psychological health. The website Elder Abuse Prevention [ON] speaks out on this increasingly serious problem. The extent of the problem is not well known because of insufficient reporting of cases and limited data, but Legal Aid Ontario estimates that up to 20% of Ontario seniors have experienced abuse.

FINANCIAL SECURITY AND RETIREMENT

Discrimination in the workplace [ageism] and changing social policies can affect the lives and financial security of seniors. Inequalities between men and women are noted with regard to retirement income: women have often devoted their time to their families and therefore do not have an adequate pension. Generally speaking, the economic well-being of some seniors is still at risk: older women, seniors living alone and immigrant seniors are particularly vulnerable [Senate, 2007].



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PLACE OF RESIDENCE: URBAN AND RURAL

The demographic decline represents a challenge for maintaining services in rural areas. Seniors in outlying areas must often travel to urban centres to access health care and long term care. In urban centres that do offer the needed specialized care, the coordination of support services and continuing care is often inadequate [Senate, 2007].

This list of issues is not exhaustive. There are additional issues, such as socio-economic and family impacts resulting from the situation of a child caring for an aging parent, as well as health and quality of life for natural caregivers.

POSITIVE ASPECTS OF ISSUES RELATED TO AGING

In the words of Simone de Beauvoir, *“Living is aging, nothing more.”*

A paradigm change is needed so that aging will no longer be considered as a challenge for individuals and society. Many writers agree that to change the paradigm, we need to focus on the positive aspects of aging and invest in policies and programs that are conducive to not only a long life, but a healthy life [Raina et al., 2016].

PROMOTING ACTIVE LIVING, WELL-BEING, HEALTH AND PREVENTION

Following the launch of a wide-ranging consultation on the perspectives and challenges facing Canadian society in regards to aging, the Canadian Institutes of Health Research (CIHR) included the following main axes in their strategic plan:

- Adopting an approach that considers both life course and holistic approaches and includes physical, psychological, social and environmental factors;
- Regarding aging as an evolving process that continues throughout every individual’s lifetime. Life is a whole and aging is not an illness;
- Adopting a holistic, interdisciplinary approach in which prevention is just as important as intervention and excellence is the guiding principle for all activities at all times [CIHR, 2013].

The Senate [2007] mentions an integrated perspective on aging based on models such as “life-course approach” or “active aging” [the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age].

Healthy behaviours make it possible for individuals to live longer by optimizing their health and well-being through measures based on their life course and a holistic approach. In this manner, health in longer life expectancy can be optimized to reduce costs for the health care system. To meet this challenge, campaigns promoting active living, well-being, health and prevention are underway in some communities [CIHR, 2013].

INJURY PREVENTION

This involves prioritizing the prevention of falls, lifestyle changes, physical activity and nutrition through promotion and prevention programs aimed at an aging population [Senate, 2017] [CIHR, 2013].



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ACTIVE PARTICIPATION IN SOCIO-ECONOMIC LIFE

There exists a correlation between finding meaning and usefulness in one's activities and good physical and psychological health. Continuing to use one's personal skills, feeling useful during a transitional phase, developing a sense of identity and belonging, giving back to society; these are needs that part-time work or volunteering can fulfill. In fact, the health care system itself would be severely weakened without the support of volunteer seniors.

The aging population also represents a significant economic engine for industries that are developing around technologies to support independent living at home, tourism and specialized professional advice, to name just a few.

CONTRIBUTING TO COMMUNITY DEVELOPMENT

Longer life expectancy allows people to remain active by pursuing learning for self-realization, spiritual development and end-of-life planning. Knowledge acquired over the course of a lifetime is often put to good use in the community. The social participation of seniors brings real contributions to community development. However, the social participation of seniors supposes a social network that can become a support network in times of need.

Lastly, we must not forget the role that grand-parents play with their grand-children in terms of intergenerational transmission of knowledge and traditions.

ACCESS TO TECHNOLOGICAL RESOURCES

Ensuring that seniors have access to technological resources is a multifaceted issue that is important for avoiding isolation, as well increasing access to French language services. To that effect, the French Language Services Commissioner's 2018-2019 Annual Report contains the following recommendation:

As demand for health services increases, improving the availability of digital platforms that provide access to health professionals capable of offering services in French will be a priority.

- French Language Services Commissioner, 2019

However, these technological tools must be affordable and adequate training needs to be provided to ensure that older persons can use them to their full potential. Also, some older citizens, especially in rural communities, don't always have access to bandwidth [or Internet access]. The AFO's **White Paper on Francophone Media in Ontario** has put forward recommendations on this issue.



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PRIORITIES RELATED TO AGING

As part of its consultations on the perspectives and challenges of aging faced by Canadian society, which were followed by a series of citizen assemblies, the CIHR [2013] identified the following priorities:

- Using life course trajectory as a determinant of active and satisfying aging;
- Adding life to the late years;
- Offering interventions that are appropriate to the complexity of older people's state of health;
- Offering health care and services that combine and integrate continuity, innovation and efficiency
- Ensuring the conditions for a positive impact on older people's health and wellness.

The CIHR also identified other issues, such as:

- The ethical, legal and social dimensions of aging;
- The social environments of active aging;
- Equitable access to health care services;
- Respecting people with cognitive impairment in later years;
- Engaging and empowering individuals and communities throughout the trajectory of aging and in conditions of vulnerability.

Adequate solutions must be found to respond to the dynamics of change within an evolving population of older people. Women are the majority; their financial situation is changing, as well as their levels of education. Our planning considers the older population in its current state, but in ten years, it will have changed.



THE FRANCOPHONE SITUATION

ISSUES RELATED TO THE AGING FRANCOPHONE POPULATION

DETERMINANTS OF POVERTY

The Canadian Community Health Survey (CCHS), which aimed to examine the situation of older Francophones in minority settings in Canada by examining their socio-economic situation, noted that a large proportion of older Francophones have no secondary school diploma and are in the bottom income quintile [Bouchard et al., 2015]. The authors demonstrate that the determinants of poverty, such as revenue and education, affect poverty among older people, but that language and belonging to the Francophone minority add specific impacts. The latter finding is new data.

The minorization experienced by the Francophone population is a source of disadvantages and social inequality and its effects are ongoing. Compared to their Anglophone peers, older Francophones in minority settings are more likely to be poor and this precariousness needs to be taken into account when developing public policies in the fight against poverty.

-Bouchard et al., 2015; our translation

The Francophone population in Canada and Ontario is older and more vulnerable than the general population. According to Statistics Canada [2016], older Francophones, compared to their Anglophone peers, have lower levels of education and income, lower levels of activity and employment and more often reside in rural areas. Moreover, they more often report poor physical and mental health, with at least one chronic illness and limitations to their daily activities, for which they often require assistance [Bouchard, 2014].

According to the Association française des municipalités de l'Ontario [AFMO] [2019], in 2006 in Ontario, there were less Francophones living under the poverty line compared to the general population. However, there are major regional disparities: Francophones in central Ontario, particularly in Toronto, had the highest proportion of people living under the poverty line [AFMO, 2019].

RURAL AREAS

Low income implies finding affordable housing, which is more often located in rural or outlying areas. However, access to bilingual primary care and community resources is often lacking for older Francophones living in rural or outlying areas, especially due to declining demographics which pose a challenge to maintaining services in rural areas [Senate, 2007].

An additional difficulty is the lack of transportation to access care or to participate in community activities. This is a major concern, because it results in significant risk factors, such as neglect, depression and isolation. These issues can contribute to or coexist with the isolation of older Francophones [French Language Services Commissioner, 2018].



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HEALTH INDICATORS

A number of health indicators have been listed by the Canadian Institute for Health Information (CIHI), such as low levels of physical activity, access to a regular provider of health care, high alcohol consumption, low income, tobacco use, post-secondary education, body mass index and presence of chronic illness. The vast majority of these indicators are more frequent among Francophones in minority settings compared to Anglophones in majority settings (Bouchard, 2017). Studies indicate that health indicators are lower among the following three groups in Ontario: Francophone seniors in northern Ontario, older immigrant women in central-southwestern Ontario and isolated older people (Bouchard, 2014).

ACCESS TO HEALTH CARE IN FRENCH

The French Language Services Commissioner's final annual report (2019) notes the importance of actively offering French language services to an expanding older population. For many Francophones who suffer from health problems or will need long term care, access to French language services is critical, because in stressful situations, Francophones are more readily able to communicate in French. Also, some illnesses may impact the ability to communicate in a second language. An exploratory study (Bouchard et al., 2012) in three distinct regions of Ontario aimed to shed light on the impact of language barriers perceived by seniors with one or more chronic illnesses. The study confirmed that:

Good communication and trust in health care professionals are central issues for seniors. They state that they are more at ease speaking French when discussing health matters and prefer to be spoken to in French.

-Bouchard et al., 2012; our translation]

A study by the Consortium national de formation en santé (CNFS) and the Société santé en français (SSF) on language variables included in the survey databases of the Canadian Institute for Health Information (CIHI), reveals that the situation of almost one million Francophones in minority settings, and the impact of this reality on their health status and access to French language health services, are poorly documented. For these authors, the issue is clear: the incompleteness of the portrait of minority Francophone populations and their needs has important repercussions on the health systems' capacity to adapt their responses to the specific needs of these populations, offer equitable access to French language health care services and ensure adequate numbers of health care workers. The CNFS and the SSF have called upon federal, provincial and territorial governments to agree on solutions to remedy this situation (CNFS, 2010).

The Office of the French Language Services Commissioner (2018), in its annual report for 2017-2018, expresses concern that trends in linguistic mobility towards English are expected to continue and probably rise until 2028, resulting in social isolation of older people, and that in this regard, "the scale of the phenomenon, and approaches to dealing with it, are somewhat different for Francophones living in minority settings."

Lastly, it is important to note that the lack of professionals who can provide French language services is also a barrier to access.



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THE NEED FOR FRANCOPHONE LONG-TERM CARE SERVICES AND RESIDENCES

In Ontario, the occupancy rate in long-term care homes is 99% and approximately 20,000 people are waiting to be admitted [Sinha, 2012, in Reflet Salvéo]. Among the 30,000 long term care beds identified by municipalities in 2018, there was only **one designated¹ bed per 3,400 Francophones compared to an average of one bed per 170 Ontarians in general** (French Language Services Commissioner, 2019, and Reflet Salvéo, 2019). The French Language Services Commissioner [2019] also notes that only 88 out of 1,500 existing providers of long-term health care services have obtained designation as public service agencies under the *French Language Services Act*. Currently, there are only nine institutions offering French language long-term health care services for 744,000 Francophones in Ontario². **Greater Toronto's Francophone population (127,000 Francophones) has access to only 37 Francophone long-term care beds** [Reflet Salvéo, 2019].

Health care units or Francophone beds imply bilingual human resources. Also, it is important to present a Francophone visual identity within the community and to offer socio-cultural activities adapted to the Francophone community.

REGIONAL DIVERSITY OF FRANCOPHONE COMMUNITIES

The wide diversity of older Francophones requires the adoption of different analytical approaches for different regions of Ontario when applying and developing new projects and initiatives aimed at this target group.

Data from the 2016 census reveals that on average, Ontario's Francophone population is older than the province's general population. The median age is highest in the southwest and northwest regions of Ontario, at 52.1 and 54.3 years respectively. Moreover, the median age of Francophones has risen in almost all regions and especially so in northeastern and northwestern Ontario. Only in the central region has the median age dropped, to 40.6 years [Government of Ontario, 2019].

This picture is constantly evolving, particularly due to higher immigration levels in some regions. The 2016 census data also shows that the proportion of Francophones aged 65 and over is higher in southwestern and northeastern Ontario compared to other regions with a Francophone population. Older Francophones [aged 65 and over] represent 29.5% of the general Francophone population in the Southwest and more than one in four in the Northwest, while in central Ontario, they represent less than one in five or 16.7% [Government of Ontario, 2019].

DATA AVAILABILITY

The lack of organized and accessible data for Ontario's Francophones needs to be recognized from the outset [French Language Services Commissioner, 2018]. Given the lack of studies and evidence-based research on the realities of Ontario's Francophones, it is difficult to support the development of policies adapted to their needs.

¹ Refers to designation under the French Language Services Act.

² Pavillon Omer Deslauriers in the Bendale Acres residence, Foyer Richelieu, Sunnybrook Veterans Centre, one facility in northern Ontario and five long-term care homes in eastern Ontario: Centre d'accueil Roger-Séguin, Résidence Champlain, Residence Chartwell Lancaster, Maison de soins Pinecrest et Centre de soins prolongés Saint Joseph.



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PROVINCE-WIDE CONSULTATIONS

This section provides an overview of the realities of aging populations in French-speaking Ontario, based on data collected through direct consultations carried out in the province's five regions (Northwest, Mid-North, Southwest, East and Ottawa). The data has been analyzed and common themes have emerged. Linked to research studies and literature reviews, the results indicate some of the realities currently experienced by Francophone seniors in Ontario.

ISSUES IDENTIFIED BY SURVEY RESPONDENTS

The survey results confirm a number of research findings, but careful consideration is needed, because the respondents are not representative of the diversified profile of Ontario's older Francophones, e.g., education level, income, gender differences, gender diversity (LGBTQ+), ethno-cultural diversity, etc.

The survey was distributed by the FARFO's members and friends. For the most part, the respondents are people with higher education levels, comfortable retirement income levels and a good personal and social network.

The following graphics and tables illustrate the issues identified by Francophone residents of Ontario aged 65 and over.

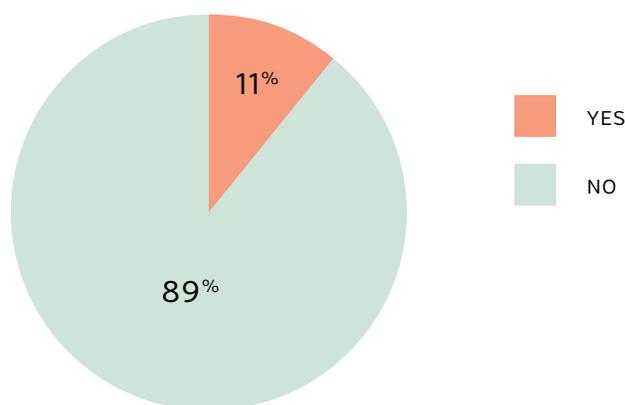
ISOLATION

The vast majority of respondents do not feel isolated.

More than 300 of the respondents provided details about their sense of isolation or lack thereof.

Total of 777 responses

Do you feel isolated?





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Do you feel isolated? Why?	Number of responses	% of all responses obtained
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67 of the respondents who answered “Yes” specified their response:

I am a person living alone and/or I have no [or few] parents/friends close by or that I can count on [e.g., too busy, sick, deceased].	38/67	57%
Due to various health problems [e.g., depression, social anxiety, handicap, etc.]	11/67	16%
I don't go on social outings because of the lack of services and activities for older Francophones.	10/67	15%
My place of residence is far from services [e.g., public transportation, shopping centre, community centre, etc.]	6/67	6%
I have not been able to create a social circle [e.g., don't speak the same language, no common interests, sexual orientation, etc.]	4/67	9%

291 of the respondents who answered “No” specified their response:

I have a good personal circle [family, friends, neighbours, etc.] and I am socially active.	177/291	61%
I am involved in my community : I volunteer, I take part in seniors' activities, I belong to a group, etc.	118/291	41%
I am an active person, I am in good health and I keep busy [e.g., various activities, sports, outdoor activities, trips, Internet, etc.]	61/291	21%
I am self-sufficient and independent [e.g., I have my car for transportation].	19/291	7%
I am still in the labour force.	12/291	4%
My place of residence is close to many services.	3/291	1%



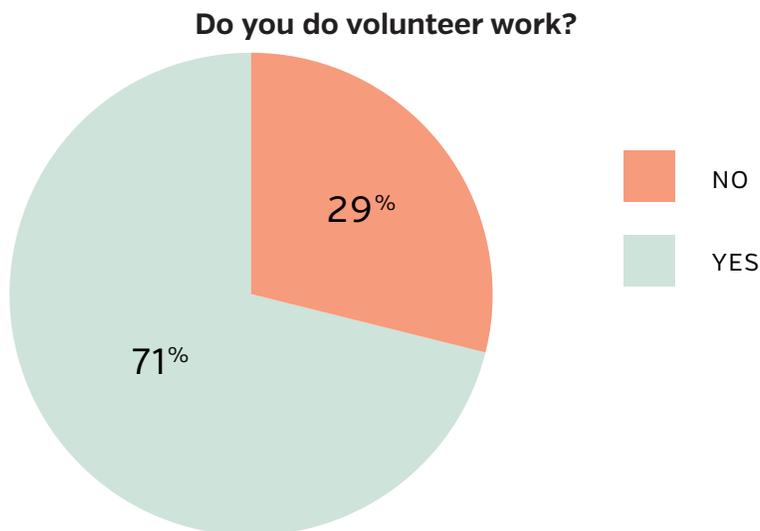
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SOCIAL ENGAGEMENT AND PARTICIPATION - VOLUNTEERING

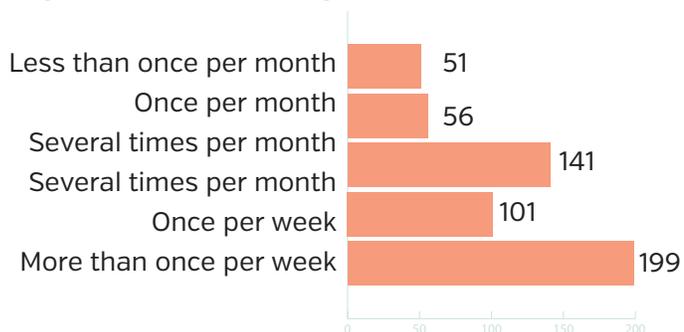
Nearly three quarters of survey respondents do volunteer work. This correlates with research findings that have established a link between social engagement/participation and the absence or reduction of isolation.

The respondents who do not do volunteer work specified their reasons for not doing so. They are provided in the table below the pie chart.

Total of 777 responses

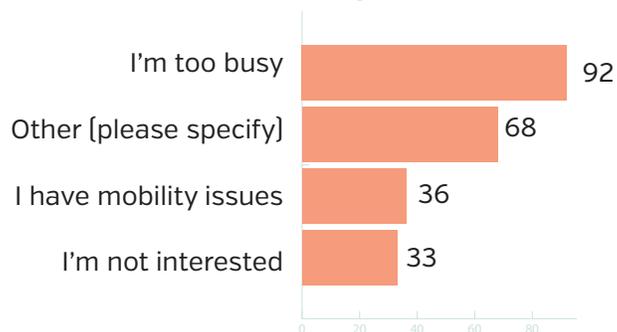


If yes... How often do you do volunteer work?



Total of 548 responses

If no... What are your reasons?



Total of 229 responses

Other reasons why respondents do not volunteer:

Number of responses

Due to various health problems (e.g., depression, social anxiety, handicap, etc.) or advanced age	16
I am interested, but not at this moment, or I am still looking for something that suits me.	16
I still have a job.	16
I did volunteer in the past, but now I'm taking time for myself or I don't feel capable.	11
I'm taking care of my family (e.g., spouse, grand-children, etc.)	9



AGING

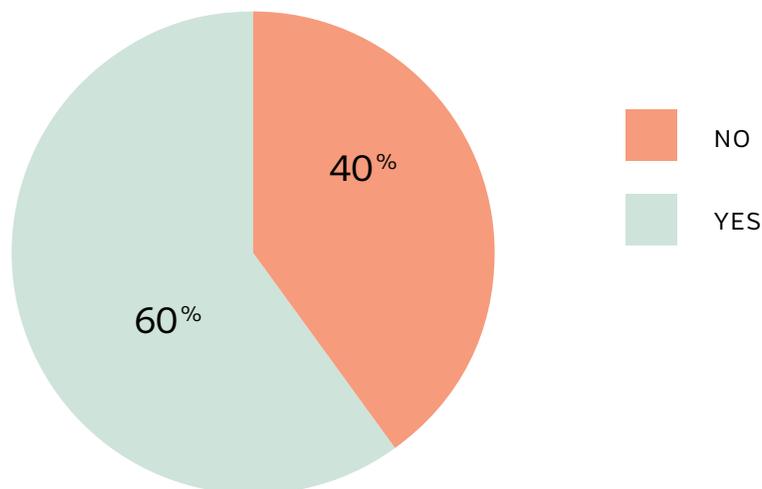
SOCIAL ENGAGEMENT AND PARTICIPATION – SOCIOCULTURAL ACTIVITIES

More than half of the survey respondents take part in social activities at a club in their area. Here again, there is a correlation between sense of isolation and social participation.

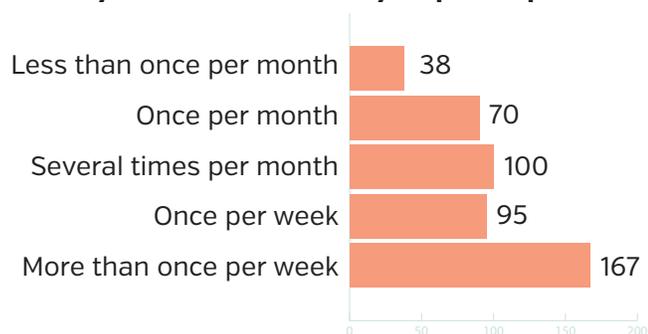
The respondents who do not take part in such activities stated reasons for their choice. They appear in the table below the pie chart.

Total of 776 responses

Do you attend the activities of a socio-cultural club?

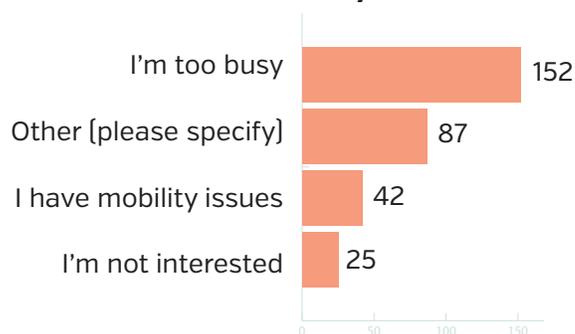


If yes... How often do you participate?



Total of 470 responses

If no... What are your reasons?



Total of 306 responses

Other reasons why respondents do not take part in the activities of a socio-cultural club:	Number of mentions
I don't feel ready or comfortable; I don't feel I belong in these sorts of activities (e.g., due to age).	15
I am not aware of these sorts of activities in my area, or there are few organized activities in my area; or there are no activities of this sort nearby.	10
Due to various health problems (e.g., social anxiety, cancer, etc.) or advanced age	5
I still have a job.	5
The available activities don't interest me.	2



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ISSUES IDENTIFIED BY THE FOCUS GROUPS

Please note that in the following tables, the stated items (issues and lacking resources) were identified spontaneously and are therefore most prominent or concerning for the respondents who took part in the focus groups.

It should not be concluded that if a region that did not spontaneously identify an element (as an issue or a missing resource), the problem does not exist in that region. If respondents had been invited to identify all items present in their region from a checklist, more items would have been identified in each region.

The value of the focus group method is in identifying priority items, rather than identifying all possible items.

Priority issues	Southwest	Northwest	Ottawa	East	Mid-North
Avoiding isolation		•	•	•	
Long-term and palliative care	•			•	
Active offer and promotion of existing services	•				•
Access to care / health centres		•	•		
Help to navigate services	•				
Health promotion	•				
Access to health centre / multi-year grants to ensure stability		•	•		
Improve communications with the health system		•			
Home care / aging at home				•	•
Elder abuse					•
Elders' role with young people					•



AGING

In response to these issues, the following resources were spontaneously identified as lacking. The lack of information about available resources and the absence of a comprehensive directory of services available to seniors is in itself a priority issue (active offer and promotion of existing services). It would also be important to consider the specific needs of the communities of seniors who are more likely to be in vulnerable situations, for example, the LGBTQ+ community, newcomers and seniors living in poverty.

Lacking resources	Southwest	Northwest	Ottawa	East	Mid-North
Home services	●	●			
French language government services	●	●	●		
Access to primary care in some regions	●	●			●
Access to Francophone services in health centres	●	●			●
Francophone doctors		●			●
Access to educational activities (including for technology) and support for natural caregivers and volunteers	●	●			
Long-term care	●				
Openness to diversity (LGBTQ+)	●				
HIV-related services	●				
Equitable treatment for Francophones			●		
Navigation in the health and social services system		●			
Promotion of French language programs			●		
Lack of housing / unaffordable housing		●	●	●	●
Transportation services / adapted transportation		●	●	●	●
Housing for semi-autonomous Francophone persons		●			●
Social centres for Francophones					●
Inter-agency collaboration					●



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AVENUES FOR IMPROVEMENT IN THE CONSULTED REGIONS

To solve issues and the lack of resources, the respondents spontaneously proposed various avenues for improvement.

AVENUES FOR IMPROVEMENT	Southwest	Northwest	Ottawa	East	Mid-North
Francophone governance to oversee improved access to French language services	•				•
Improve the distribution of the region's French language services	•	•			
Strengthen the offer of French language services, including training for bilingualism	•	•		•	
Help with navigation to Francophone services in the health and social services system	•	•		•	•
Resources for the recruitment and management of volunteers	•			•	
Central organization / collaboration for seniors' services					•
Directory of available Francophone services to identify gaps and promote existing services					•
Support for natural caregivers		•			
Tax credit for volunteers working with the elderly		•			
Reinforcing the Age-Friendly Cities model			•		
Using the AFO or the FARFO to obtain the resources needed to help communities organize					•



AGING

[continued]

AVENUES FOR IMPROVEMENT	Southwest	Northwest	Ottawa	East	Mid-North
Create welcoming spaces for diversity [open or closed groups]	•				
Offer affordable training	•				
Long-term care for Francophones	•				•
Optimize technologies: networking, medical appointments, security and home monitoring		•	•		
Prepare seniors for loss of independence					•
Increase home care					•
Transportation services				•	
More affordable housing				•	



PRIORITY MEASURES

The results of consultations in the five regions of Ontario indicate a number of realities experienced by Ontario Francophones that confirm the findings of researchers. They encourage strategic thinking to raise awareness, engage in substantive dialogue with political and governmental officials and propose options for the implementation of tangible changes. This section identifies strategies for community mobilization and stakeholder collaboration.

GOVERNMENTAL AND PARA-GOVERNMENTAL INVOLVEMENT

On one hand, all sectors and levels of government must better respond to the needs of seniors, particularly fragile low-income seniors, by reducing the barriers to their continued independence. This includes:

- Providing adequate income and appropriate working conditions;
- Preventing discrimination based on age, language, sexual and gender diversity and socio-economic profile;
- Providing secure environments and housing options;
- Providing transportation options;
- Creating opportunities for personal growth and education;
- Preventing abuse and providing support to victims.

An intervention approach to support aging at home at advanced ages involves offering preventative home visits. In some countries, municipalities are obligated to organize and perform preventative home visits. The goal of such visits is to inform clients and identify present and potential risks for health, activity and social participation in order to intervene before problems arise. Various protocols for home visits have been developed and applied in practice [Agneta Malmgren Fänge et al., 2012].

Regarding resources for long-term care, the government has announced that funds will be invested to create 15,000 new long-term care beds over five years and 30,000 beds over ten years. As part of the agreement on Shared Health Priorities, \$2.3 billion will be allocated to Ontario over the next ten years for home care and community care [Ministry of Health and Long-Term Care, 2019]. However, the Francophone community's role in the continuum of care has not yet been defined [French Language Services Commissioner, 2018] and the question remains: how will the needs of Francophones be addressed?



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COMMUNITY INVOLVEMENT

On the other hand, involved members of the community should be part of the discussions that concern them. A study examining the importance of social networks for aging at home used a non-traditional approach by creating a community forum based on the World Café¹ format to involve the community in issues relating to aging [Emlet & Mocerri, 2012]. The second objective of the forum was to obtain data on what could help aging boomers to remain in their communities. Three major themes emerged:

- The importance of social reciprocity, i.e., the individual's capacity to interact and to maintain reciprocal social exchanges;
- The importance of meaningful social interactions;
- The importance of needs and structural barriers, i.e., conventions and structures that limit active participation.

The majority of the consulted regions that said they benefit from access to community resources or golden age / leisure clubs present this factor as an important aspect of their well-being and would welcome the development of these sorts of educational activities.

A study [Dupuis-Blanchard, 2015] conducted in New Brunswick explored the strategies put in place by Francophone seniors to counter loss of autonomy and improve their means to continue living at home. It revealed the following six strategies:

- Maintaining a positive attitude and a sense of self-determination;
- Awareness of one's health status;
- Having the option of adapting one's home;
- Having access to services (resources and transport);
- Having social support (family, neighbours and friends, community resources);
- Having secure income and education.

To ensure income security, to counter the sense of social uselessness or to remain productive, other options exist, such as creating an interface to network the skills of seniors who are ready to take on intermittent activities in personal assistance services.²

Lastly, shared transportation resources can allow a number of residents in rural areas to create networks to facilitate driving to the grocery store or elsewhere [Dupuis-Blanchard, 2015].

¹ A simple, efficient and flexible format for large-group discussions. See : <http://www.theworldcafe.com/key-concepts-resources/world-cafe-method/>

² See SOS Seniors – Personal assistance - <http://seniors-sos.ch/>



RECOMMENDATIONS

The following recommendations are based on the findings of the studies and the focus groups.

1. Increase access to relevant and up-to-date data by funding studies aimed at identifying the specific needs of older Francophones across Ontario.

- 1.1 It is recommended that stakeholders make a concerted effort to collect more evidence-based data on aging Francophone populations in Ontario and to make this information more accessible. The diversity of aging Francophones also warrants data collection among more vulnerable communities, such as newcomers, LGBTQ+ seniors, First Nations and seniors facing socio-economic challenges.

2. Reduce the vulnerability of Ontario's Francophone seniors by improving the offer of Francophone community services, striving to reduce financial insecurity and reducing language barriers to foster communication with health care professionals. These concurrent factors would help to reduce the isolation of Francophone seniors.

- 2.1 It is recommended that a provincial Francophone monitoring committee on aging be formed to ensure that data collection leads to measurable actions and institutional change in the delivery of quality services to Ontario's Francophones. Composed of members of the AFO, the FARFO and other stakeholders specializing in fields related to aging, this committee would be tasked with:

- Ensuring the maintenance, equitable distribution and improved offer of services to Francophone seniors;
- Ensuring the creation of structures to facilitate navigation through the system, with regional points of service in the health and social services system, as well as services for seniors.
- Serving as a consultative body to help ensure that any new government strategy takes Francophones into account;
- Ensure the follow-up to this White Paper;
- Ensure that governments provide adequate funding for these priorities.

- 2.2 It is recommended to reinforce interventions focused on a population-based approach and to target vulnerable groups through specific actions [Bouchard et al., 2014]. With the input of contextual evidence-based data, it will be possible to target high risk populations, such as the LGBTQ+ community, newcomers and seniors living in poverty and to provide them with the complex care they need. Adaptations to the dynamic changes of this evolving population will also be needed: women are the majority; their financial situation is changing, as well as their levels of education. Our planning considers the older population in its current state, but in ten years, it will have changed.



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2.3 It is recommended to raise the profile of community services offered to Francophone seniors and to expand opportunities to avoid isolation through activities and training adapted to the realities and needs of Francophones in every region of the province, in collaboration with Ontario municipalities.

3. Increase the offer of long term care services provided in French or adapted to Francophones.

3.1 It is recommended that the provincial government establish a strategy aimed specifically at Francophone seniors to ensure that long term care, day services, support programs for natural caregivers and French language health care services are available throughout the province.

4. Adopt an integrated perspective on aging based on life-course or active living and avoid considering aging as pathology.

4.1 It is recommended that the Government of Ontario promote an integrated perspective on aging among the general population through awareness-raising campaigns based on “normal life-course” or “active aging”. These campaigns would aim to help people maintain and improve their health by promoting good nutrition, regular exercise, good sleep habits, physical activities with family and friends, and ongoing learning through promotion, education and training programs.

4.2 It is recommended that the Province of Ontario create a provincial tool to help Francophone seniors [and others] navigate toward adapted workplaces or volunteer opportunities related to their skills.

5. Exert pressure at the municipal level to ensure that French language social and community services are available in all regions designated by the Office of the French Language Services Commissioner.

5.1 It is recommended that Ontario municipalities that are not already part of the Age-Friendly Cities promotional campaign adopt this approach. The goal is “to engage cities to become more age-friendly so as to tap the potential that older people represent for humanity” [World Health Organization, 2007].



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