Entité de planification des services de santé en français Erie St. Clair/South West

(French Language Health Planning Entity)

Report on Service and Housing Needs of Francophone Seniors

EXCELLENCE
TRANSPARENCE
IMPUTABILITÉ
COLLABORATION

Entité
ÉRIÉ ST.CLAIR/SUD-OUEST
Planification des services de santé en français

March 31, 2014
Final Report

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Executive Summary

1 Mandate

The *Entité de planification des services de santé en français d'Érié St. Clair/Sud Ouest* (the French language health planning entity for Erie St. Clair and the South West) hired our firm to conduct two studies on the service needs of elderly and frail Francophones in its region. The first study focuses on the needs for health services of the Francophone elderly population in the four sub-regions of the territory – Windsor-Essex, Chatham-Kent, Sarnia-Lambton and London-Middlesex. The second mandate is a market research and feasibility study for the possible construction of a multifunctional residential housing and health facility in the Windsor-Essex region.

2 Literature Review Findings

The literature review presents a summary of published and grey literature dealing with issues related to the health and housing needs of Francophone seniors in Ontario in general, and in the Entity's region in particular.

2.1 Ontario's population is aging at an increased rate

Ontario's population is aging at a faster rate than ever before and its age structure will undergo profound changes over the next two decades. The number of seniors in Ontario will more than double the current number by 2036. In 2011, there were 1,878,325 Ontarians aged 65 years and over, 14.6% of the total population of the province. The older age groups are growing at a faster rate than others. The group aged 75 years and over is expected to increase by about 144% by 2036 and the group aged 90 and over is expected to triple in size. It is estimated that in 2036, the senior population will reach about 4.2 million people, or 23.4% of the total population of the province. This context leads communities and various stakeholders (policy makers at various levels of government, health authorities, institutions and agencies at various levels, health professionals, health care providers, etc.) to engage in an in-depth reflection on the impact that an aging society can have on the housing market, the health system, the labour market, etc., and on how communities and individuals themselves cope with the situation.

2.2 Seniors' self-perception of health is better than in previous generations

Seniors in Canada and Ontario live longer and are less affected by disability than previous generations of seniors. The majority of older people feel they have a good general state of health, but there is a marked decrease, with age, in the percentage of people who are satisfied with their general health, functional health and independence in activities of everyday life. However, health is not solely linked to age. Gender, educational level, income, low-skilled or unskilled work, lack of access to informal support networks, lifestyle, or risky behaviors are all factors that can affect health. Despite this perception of good health, the majority of seniors report living with one or more chronic diseases (emphysema, chronic bronchitis, asthma, high blood pressure, diabetes, heart diseases notably).

2.3 The health of Francophones is not as good as that of Anglophones

Some studies report that in general, Francophones perceive themselves to be in very good physical and mental health. However, this perception of good health decreases markedly with age and depending on several other factors (body mass index, diet, lifestyle, etc.). In addition, compared to Anglophones, Francophones in Ontario do not generally have a positive perception of their health. A greater proportion of Francophones report a high level of work-related stress. A significant proportion of the general population report living with pain

or discomfort and difficulty in carrying out their daily activities. This prevalence is higher among Francophones in the Central and Southwestern regions. For the province as a whole, more than half of Francophones (53%) and Anglophones (51%) report suffering from one or more chronic diseases.

2.4 Some segments of the senior population are vulnerable

There are still many stereotypes about the elderly. Ageism is one of the main obstacles to overcome in order to support active aging. Prejudice and stereotypes about aging unduly restrict the intrinsic value of older people in society. Manifestations of ageism are observable in several areas, including health care (where the age of a person, rather than general condition, influences the decision to conduct a medical examination or provide treatment) and the labour market (where the age of a person, rather than experience and skills, influences the decision to hire). In addition, Ontario seniors do not have equal access to goods and services or identical choices regarding their care, their housing and their ability to participate actively in society. Thus, women, seniors in rural and remote areas, seniors living on their own, immigrants and the elderly who are homeless or at risk of homelessness are all groups of older people at risk who deserve special attention in terms of support for the elderly.

2.5 The impact of living conditions of Francophone minority communities on their health status is understudied

The impact of living conditions of Francophone minority communities on their health status is poorly documented, whether across the country or within the provinces. According to the literature, this shortcoming is due to four main factors that have a direct impact on access to quality information and on the organization and planning of health services: the absence of linguistic variables in administrative databases of provincial health services, the lack of standardization of linguistic variables available in health databases, the small sample of official language minority communities (OLMC) and the low complexity of possible investigation strategies, therefore often limiting research to descriptive analyses. The review reveals that there is very little research on topics such as aging within Francophone minority communities, housing options for Francophone seniors, access of minority Francophone seniors to long-term care homes, or language of service in existing homes.

2.6 Seniors have an increased desire to age in place and public policy supports this option

In urban centers and in rural areas, many seniors own their home, and it is often their largest asset when they retire. The majority of older people in Canada and Ontario want to live as long as possible in their homes and in the community that is familiar to them, even if their health deteriorates. Public policy supports this option; the Ontario government's Aging at Home (AAH) Strategy and the Home First initiative are good examples of current policy. However, information on the various programs that support home care is not always easy to find, and when seniors locate this information, paperwork is perceived as a burden.

Although home care services are the preferred path for some seniors, it is not always possible to adequately meet their needs in their own homes. In spite of the support services offered by the family or various community organizations, loss of independence is sometimes so great that they are forced to turn to long-term care housing services or homes for the elderly. According to research, long-term care homes in Ontario are currently at a crossroads, and the sector's services must be adapted to the changing needs of the elderly. The changing needs and preferences of Ontarians may require a change in the sector's image.

2.7 The language of service is not taken into account in long-term care homes

Minority Francophone seniors' access to long-term care homes is a very real issue. However, there have been few studies on this subject, whether across the country or within the provinces. In these homes, there is no formal planning on language of service that would lead to measures designed to meet the needs of Francophone seniors. In predominantly English-speaking homes, language is not taken into account in the organization of services. Hiring policies do not take into account the French language skills of candidates, despite the presence of Francophone care recipients. The offer of services in French in these homes is often fortuitous rather than the result of planning. Yet studies show that the provision of services in the client's language allows the service provider to better understand the client's situation and offer services best suited to his or her needs. It is generally accepted that clients who receive services in their own language are more compliant to instructions, make less use of hospital services and maintain better health. Often patients served in their language also display a stronger sense of community belonging, which also has a positive impact on their well-being. The literature highlights the need to develop more health services in French and expand them to more areas, including rural and remote communities, to facilitate Francophones' access to care.

2.8 Seniors are heavy users of hospital care

The literature indicates that compared to other age groups, the elderly make a disproportionate use of hospital services. Not only do they use hospital services more often than people of other age groups, but they also use them differently. Among the elderly, the use of services increases with age for all types of care except outpatient services. Seniors are heavy users of hospital services: the number of visits is greater, the amount of resources used during these visits is greater, and hospital stays last longer.

2.9 Home care services play an important role in seniors' care and their ability to stay at home

Home care services helps seniors who are physically frail to live independently. Home care represents a cost effective alternative to care in hospitals and long-term care facilities. It is also a critical component of chronic disease management. Nationally, one out of every six seniors receives care at home. Given the increase in the number and proportion of older people in the Canadian population, researchers believe that the need for home care will increase over the coming years. The home care sector plays a vital role in meeting the health needs of Canadians through better adapted care leading to better results.

2.10 Many initiatives contribute to the effective care of seniors in the community

Studies emphasize that promoting active life must be supported by examining and addressing issues such as urban planning, transportation and housing. Cities, towns and villages should be better adapted to the needs of seniors; they must be organized to allow seniors to get where they need to go and want to go, to participate in recreational, social and community activities, and to access the support services they need. Senior-friendly communities address the various issues of aging, facilitate active participation of seniors in all spheres of society, foster proper health management, create a sense of security, and preserve the dignity of seniors. Supportive housing is also a winning option in caring for seniors. However, few studies have evaluated the costs, benefits, needs and outcomes of models of supportive housing in Canada and Ontario. Nonetheless, these environments offer potential benefits for the well-being and quality of life of seniors, as they offer nutritious daily meals, socialization opportunities, the opportunity to participate in physical activity and access to health services in the community. Supportive housing can also reduce the number of emergency visits,

hospitalizations and admissions to long-term care.

2.11 The shortage of health professionals is growing

The Francophone population is older than the general population in Ontario. Research indicates that the province is experiencing an increased need for health care professionals who speak French in many specialties: physicians, nurses, nurse practitioners, prevention/health promotion specialists, speech therapists/audiologists, psychologists/social workers, laboratory technicians, nuclear medicine technicians, pharmacists, physiotherapists/occupational therapists, home care workers and midwives. In rural communities of Canada and Ontario, the main difficulties are the lack of family support in the area and the distance to access services. For service providers, the challenge lies in the recruitment and retention of staff. For the system as a whole, the challenge remains to provide health care and services that are both efficient and affordable. The shortage of health professionals is reported throughout the province. Family physicians, nurse practitioners, nurses, speech therapists and social workers are in highest demand. Another aspect of the problem is the lack of information on existing French speaking human resources and the inadequate use of such resources. Indeed, there is no comprehensive listing or inventory of French speaking professionals and there is no formal mechanism for coordination, referral or client-provider matching. Due to the anticipated shortage of human resources in the health sector and due to planned program cuts, there could be a decrease in the offer of French language services.

3 Highlights of Demographic Analysis

This section presents a demographic profile of Francophone communities in the planning entity's region, i.e. the territory served by the Erie St. Clair LHIN and the South West LHIN.

The analysis draws on data from Statistics Canada using the first official language spoken (FOLS). The method used to determine this variable takes into account knowledge of official languages, mother tongue, and finally, home language.

In this analysis, the term *Francophone* includes people who have French only as FOLS (French FOLS) and those who have both English and French as FOLS (English and French FOLS). This method is similar to Ontario's *Inclusive Definition of Francophone (IDF)*. When dealing with statistics on income, it is not possible to combine these two linguistic groups; the analysis focuses on people with French only as FOLS.

3.1 First Official Language Spoken

The regions served by the Erie St. Clair and South West LHINs total 29,525 people who have French as their first official language spoken (FOLS), alone or with English (1.9% of the total population of 1,526,335 people).

- The Erie St. Clair region has 18,350 people who have French as FOLS, alone or with English (3.0% of the total population).
- The South West region has 11,175 people who have French as FOLS, alone or with English (1.2% of the total population).

The Francophone population of both regions is aging more rapidly than the English-speaking population, and the Francophone population of Erie St. Clair is aging more rapidly than the Francophone population in the South West.

- In both regions combined, 24.1% of the Francophone population is aged 65 years and over, compared with 15.5% in the Anglophone population.
- In Erie St. Clair, 27.7% of the Francophone population is aged 65 years and over, compared with 18.3% in the South West.

In both regions combined, there is a total of 7,125 individuals aged 65 years and over (3,905 women and 3,205 men) who have French as their first official language spoken (FOLS), alone or with English.

- Erie St. Clair has 5,080 Francophones 65 years and over (2,775 women and 2,290 men), including 3,505 in the Essex census division.
- The South West has 2,045 Francophones 65 years and over (1,130 women and 915 men), including 1,055 in the Middlesex census division.

3.2 Home Language

In both regions combined, there is a total of 30,330 people (13,345 men and 17,025 women) who speak French at least regularly at home (2.0% of the total population). Approximately 22% of seniors who speak French at least regularly at home do not have French as their mother tongue.

Erie St. Clair has a total of 18,145 people (8,105 men and 10,045 women) who speak French at least regularly at home (3.0% of the total population). Approximately 16% of seniors who speak French at least regularly at home do not have French as their mother tongue.

The South West has a total of 12,185 people (5,240 men and 6,980 women) who speak French at least regularly at home (1.3% of the total population). Approximately 36% of seniors who speak French at least regularly at home do not have French as their mother tongue.

3.3 Income

In 2011, the Windsor census metropolitan area (CMA), among people aged 65 years and over, median income of Francophones ($28,435) is comparable and average income ($33,637) is slightly lower than that of Anglophones by about 5%. Among men 65 and over, the trend towards lower income is more significant (about 10%). Among women in the same age group, the income of Francophones is slightly higher than that of Anglophones by about 8%.

In the London CMA, Francophones aged 65 years and over have a lower median income ($22,252) than Anglophones by about 21%, and the average income ($31,185) is lower by approximately 17%. Among men, the difference is about 10%. Among women, the difference is more pronounced, at approximately 18%.

Thus, there is a marked difference in the incomes of Francophones and Anglophones and among people aged 65 years and over in both CMAs. This trend is true for both men and women in Windsor, while it is true for men only in London.

3.4 Immigration

Overall, for all urban areas of both regions combined (CMAs and census agglomerations - CAs), there are 198,025 immigrants, of which 4,840 have French as their first official language spoken (FOLS), alone or with English.

The Francophone immigrant population (18.7%) is proportionately as important as in the English-speaking community (16.7%). The relative proportion of immigrants who arrived in 2001 or afterwards is greater among Francophone immigrants (40.2%) than among English-speaking immigrants (22.5%). However, the proportion of newer immigrants within each linguistic group is similar for those aged 65 years and over (1.5% and 2.2% respectively).

- The Windsor CMA has 2,520 immigrants who have French as FOLS (21.3% of the French population), 335 of whom are aged 65 years and over (10.4% of Francophone seniors).
- Leamington (CA) has 135 immigrants who have French as FOLS (19.3% of the French population), with none aged 65 years and over.
- Chatham -Kent (CA) has 85 immigrants who have French as FOLS (3.6% of the French population), of which 40 are aged 65 years and over (5.3% of Francophone seniors).

- Sarnia (CA) has 100 immigrants who have French as FOLS (5.0% of the French population), of which 35 are aged 65 years and over (5.5% of Francophone seniors).
- The London CMA has 2,000 immigrants who have French as FOLS (25.5% of the French population), 245 of whom are aged 65 years and over (23.7% of Francophone seniors).
- The Ingersoll, Woodstock, Tillsonburg, Stratford and Owen Sound CAs have a total of 1,070 Francophones, 270 of whom are aged 65 years and over. The National Household Survey data indicate that there are no French speaking immigrants in these areas.

3.5 Health Indicators

The study looked at two available sources of data to explore health indicators of older Francophones in the two regions. A first set of estimates is based on the Canadian Community Health Survey (CCHS) conducted by Statistics Canada. These estimates are then compared with the results of a survey led in 2013 by the *Entité de planification* regarding the health of Francophones and their use of health services.

Annual health indicator estimates for 2012 are presented for both LHIN areas, based on the percentage of prevalence reported by the CCHS. Estimates of the Francophone population responding to each indicator are based on population counts from the 2011 Census, based on the demographic weight of Francophones (FOLS) for the age group 65 years and over.

These numbers are orders of magnitude. They can be modulated, although approximately, using the comparison relative to language for each health indicator, which is available only for 2009-2010, for all age groups, for both genders, for all of Ontario.

It is noted in particular that Francophones have a significantly less positive profile for the following indicators:

- Chronic diseases: arthritis, diabetes, asthma, high blood pressure and chronic obstructive pulmonary disease (COPD);
- Pain, discomfort and activity limitation;
- Smoking and exposure to second-hand smoke;
- Overweight and obesity;
- Sense of community belonging;
- Regular medical doctor.

Indicators for which Ontario Francophones (French only FOLS) have a more positive profile than the general population are (asterisks* indicate where the difference is important):

- Perceived health, very good or excellent;
- Life satisfaction;
- Fruit and vegetable consumption;
- Physical activity*;
- Influenza immunization*;
- Mood disorder;
- Functional health;
- Injuries causing limitation of activity or requiring medical attention.

Indicators for which Francophones have a less positive profile that the general population of the province are as follows (asterisks* indicate where the difference is important):

- Perceived health, fair or poor;
- Perceived mental health;
- Perceived stress;
- Chronic diseases: arthritis, diabetes, asthma, high blood pressure and COPD*;
- Pain, discomfort and activity limitation*;
- Smoking and exposure to second-hand smoke*;
- Alcohol;
- Overweight and obesity*;
- Sense of community belonging*;
- Regular medical doctor*.

It should be noted that cancer, heart disease, neurological disorders and dementias are not among the list of indicators of the survey for which a comparison is available by language.

Estimates obtained for the 65 years and over through the CCHS data were compared to those obtained following the 2013 survey on the health of Francophones and their use of health services in the Erie St. Clair and South West LHINs, sponsored by the Entity.

Some indicators show data of a comparable order of magnitude in the CCHS and the 2013 survey, while others show significant differences. It is not possible to confirm the representativeness of survey respondents regarding the description of lifestyle and the prevalence of health problems. However, the 2013 survey remains a useful reference tool as it is more complete and focused, especially regarding chronic diseases and access to health services.

In June 2009, the Ministry of Health and Long-Term Care published an analysis of health indicators, risk factors and preventive care for Francophones and non-Francophones in Ontario, based on CCHS data from 2005 and 2007, for the population aged 12 years and over. The results of this study confirm the observations made herein.

4 Long-Term Care Facilities

4.1 Status of Waitlists for Long-Term Care Housing

In May 2013, the Ministry of Health and Long-Term Care (MOHLTC) reported that approximately 21,000 seniors were waiting for a placement in one of the 77,600 long-term care beds offered by 630 provincially funded homes. There are 103 public facilities (municipal) totaling 16,473 beds and 158 non-profit facilities totaling 19,535 beds. The private for-profit sector manages 360 facilities offering a total of 41,475 beds.

According to data from Community Care Access Centres (CCAC):

- As of 31 January 2014, there are 35 long-term care facilities in Erie St. Clair, for a total of 4,281 beds. CCAC publishes a detailed list of the number of placements pending and the waiting time per facility, per service category, but does not publish averages.
- As of 19 February 2014, there are 79 long-term care facilities in the South West offering a total of 7,384 beds. The waiting list stood at 1,365 people on average and the average wait time for a placement is 116 days.

The CCACs' performance report for 2011-2012 indicates that in Ontario, 20% of residents of long-term care facilities could have remained at home or lived elsewhere in the community. In Erie St. Clair, the percentage is 19% and in the South West, it is 22%.

4.2 Co-payment Fees for Residents in Long-Term Care Homes

As directed by the MOHLTC, as of July 1st, 2013, residents of a long-term care facility must pay a maximum monthly fee ranging from $1,708 to $2,362.

It should be noted that the resident's co-payment fee may be lower in the absence of individual capacity to pay (not family capacity).

4.3 Average Number of Hours of Care

According to MOHLTC data relating to human resources levels, as analyzed by the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), residents of long-term care homes receive an average of 3.4 hours of care per day.

As a reference, the requirement to have someone available full time, 24 hours a day, 7 days a week for a year translates to 4.3 full-time equivalents (FTEs) per position.

4.4 Long-Term Care Demand and Supply

According to May 2012 administrative data from the MOHLTC, there are 88 spaces per 1,000 population aged 75 years and over in the

Erie St. Clair region and 98 spaces per 1,000 population in the South West region. The current supply from all sources is not sufficient to meet expressed demand.

4.5 Estimated Demand and Supply of Long-Term Care Spaces for Francophone Seniors

Using the rate of demand and supply per 1,000 population aged 75 years and over as well as 2011 census data on the Francophone population aged 75 years and over, the theoretical demand for Francophone seniors is estimated at 246.2 spaces in Erie St. Clair and 98.5 spaces in the South West.

According to administrative data from the Erie St. Clair LHIN, in 2010, 80 Francophone residents were housed in 27 different long-term care homes in the region. The number decreased to 65 residents in the second quarter of 2011.

These observations lead to the following three findings:

- Francophone seniors who reside in long-term care homes are distributed throughout the region; this is a likely indicator of proximity choices that family make when placing their relatives in need of long-term care;
- According to the theoretical level identified, there would be an unmet need or an invisible need representing nearly three-quarters (65/246.2) of the total number of Francophone seniors needing long-term care;
- Fragmentation of residents in 27 homes, each having between 1 and 8 Francophone residents, make it very difficult to offer services in French.

5 Private Rental Residences for Seniors (Assisted Living / Supportive Housing)

5.1 Situation of Private Rental Residences for Seniors

In Southwestern Ontario, according to data from the Canada Mortgage and Housing Corporation (CMHC), the situation of rental residences for elderly people in 2013 is as follows.

- There are 8,190 spaces available in 123 homes. The number of residents is 7,415, for an estimated capture rate of 5.9% of population aged 75 years and over in Southwestern Ontario. The vacancy rate is 14.9%.
- Of the 8,190 spaces available, 404 are semi-private rooms, 4,942 are single rooms or bachelors, 2,504 are one-bedroom apartments and 340 are two-bedroom apartments.
- In 2013, the average rent is $1,767 ($1,811 in 2012) for a semi-private room and common rooms, $2,534 ($2,462 in 2012) for a single room or bachelor, $3,370 ($3,264 in 2012) for a one-bedroom apartment and $4,313 ($3,926 in 2012) for a two-bedroom apartment. Services include three meals per day, housekeeping, standard care (less than an hour and a half a day), and facilities such as a cinema, a swimming pool, a transportation service, etc. Heavy care (more than an hour and a half per day) is subject to an additional charge.
- In Southwestern Ontario, for spaces with heavy care (more than one and a half hour of care per day), the average rent is $3,392 in 2013 ($3,809 in 2012) and the rate of vacancy is not published (it is 4.9% for Ontario).

5.2 Estimated Number of Spaces in Private Rental Residences for Francophone Seniors

Using the CMHC's estimated capture rates for private rental residences for seniors, as well as 2011 census data on the Francophone population aged 75 years and over, the estimated theoretical demand is between 190 and 200 spaces for Southwestern Ontario. Estimates are 155.4 spaces for Francophones seniors in Erie St. Clair and 45.1 spaces in the South West.

6 Comparison Between Rental Market and Seniors' Housing Market in Windsor and London

For the purposes of this study, average rents and vacancy rates for rental housing in the community were compared with those of long-term care homes in order to more clearly define the options available to seniors when considering changing their type of housing. In addition, 47% of participants in the focus groups for this study were tenants. These people are particularly sensitive to the price of a rental service for seniors.

According to a CMHC 2013 report on the rental market:

- Windsor has 14,955 rental housing units with a vacancy rate of 5.9%;
- London has 42,255 rental housing units with a vacancy rate of 3.7%.

In Windsor, comparing the price of rent in the private rental market to the price in private homes for the elderly (including food services and other services and facilities) shows that:

- A bachelor type apartment rents for $501 per month, compared to a residence that is rented for $2,596, a ratio of 518% and a difference of $2,095;
- An one-bedroom apartment rents for $656, compared to a residence that is rented for $3,500, a ratio of 534% and a difference of $2,844;
- A two-bedroom apartment rents for $788, compared to a residence that is rented for $4,241, a ratio of 538% and a difference of $3,453.

In summary, and as an indication, the threshold of home care advantage for older persons residing in a rental unit could be established at $2,095 per month, without further analysis of the economic value of services.

7 Present State of French Language Community Support Services for Francophone Seniors

There is no inventory of French language services for Francophone seniors in Erie St. Clair. No service provider has been *designated* under the *French Language Services Act* (Bill 8) and 30 are *identified* in the designation process. In the South West, 8 providers of health services are *identified*, and none has been *designated*.

Community support services include a wide range of services that allow seniors to maintain their independence, including:

- Personal care;
- Medical care;
- Management services (financial and other);
- Housekeeping;
- Transportation;
- Meal preparation.

7.1 Erie St. Clair LHIN Community Support Services

The Erie St. Clair LHIN financially supports thirty-two (32) community organizations that deliver support services. Most of these organizations offer services affecting seniors, but none of the agencies is intently Francophone or delivers services in French systematically.

7.2 South West LHIN Community Support Services

The South West LHIN financially supports forty-four (44) community organizations that deliver

support services. Most of these organizations offer services affecting seniors, but none of the agencies is intently Francophone or deliver services in French systematically.

7.3 Offer of Home Support Services

Some community organizations and a growing number of private companies offer home support services for various segments of the general population, notably seniors. These include non-profit organizations such as Assisted Living Southwestern Ontario (ALSO) and the Victorian Order of Nurses (VON), as well as private businesses like Amy's Helping Hands in Windsor.

For example, ALSO offers an assistance program for the elderly resembling its current programs for people with physical disabilities. The agency delivers supportive housing services, home care and community care, respite care, sheltered workshops, etc.

Its service model is as follows:

- An apartment building where rent is geared to income has 50 units. There are 18 residents in need of heavy care and assisted living (more than three hours of service per day);
- “Courtesy contracts” are signed with other residents of the building who are not eligible for provincial funding formulas;
- The team dedicated to the apartment building offers mobile services in the community within 20 minutes of transit and can serve up to 32 additional people;
- Care and service plans and are customized, can vary greatly from one individual to another, and take a holistic rather than strictly medical approach.

The proposed formula for Francophone seniors would have to provide a larger geographical service area. Developing sociograms, starting with tenants of Résidence Richelieu in Windsor and Francophone parishioners, would identify potential beneficiaries and would more clearly establish the service area and the nature of individual needs to be met.

The agency has developed an operation budget of about $1.04 million. Dividing this sum by 50 clients, the average annual cost obtained per client would be $20,747; this translates to $1,729 per month.

7.4 Nurse Practitioner

The Erie St. Clair LHIN established a nurse practitioner service in Pain Court in 2013. The project aims a client base estimated at 1,100 Francophones over the age of 65. The project intends to offer access to the following services:

- Primary care;
- Chronic disease management;
- Prevention of falls;
- Clinical care (high blood pressure, foot care, immunization, etc.);
- Workshops (nutrition, physical activity, etc.).

The estimated annual cost of this project is $150,000.

The seniors interviewed during focus groups in this study emphasized the importance of having a first point of contact who speaks French in their dealings with health services at the primary care level. At higher levels of service, seniors seek first and foremost the best quality service, regardless of the language. These people also want the services of a person who can refer and guide them, especially during visits to health care providers in the closest urban centre.

8 Feasibility Study for a Francophone Seniors’ Residence in Windsor

The second mandate in this study was to determine the housing needs of elderly Francophones in Windsor and the feasibility of building a long-term care home.

This exploration was conducted taking into account two crucial elements of context: the provincial moratorium on the issuance of new licenses for long-term care beds, and the

provincial policy framework supporting home care. Thus, pure and simple construction of a long-term care facility for Francophone seniors was not envisaged, with the exception of possible purchases of existing licenses (with or without existing buildings) or the designation of an existing service provider under the *French language Services Act*.

The focus is on the feasibility of developing a project to serve as a physical focal point for the organization of home care services.

8.1 Estimate of the Potential Market in Essex

The estimate of the potential market size can be made using demographic data from Statistics Canada and the capture rate calculated by the Canada Mortgage and Housing Corporation (CMHC).

The Francophone population is concentrated in Essex County; the proportion of 72% is used to assign arbitrarily 112 of the 155 theoretical spaces for Francophones seniors.

8.2 Market Characteristics

CMHC offers the following descriptions of four cohorts of seniors grouped in increments of 10 years. The texts quoted in this section are taken from the document *Housing for Older Canadians*.

Canada

> *Although these four cohorts have many differences, older Canadians have several characteristics and preferences in common. For example, a majority are financially secure with stable incomes and mortgage-free homes. This will allow them to be selective in their housing and lifestyle choices. As they get older, they will be driving less, suggesting a need for pedestrian-friendly housing arrangements located in areas served by other forms of transportation. Approximately 85% of older Canadians would prefer to age in place, and most will be living in urban areas. They will require supports and housing options to allow them to live independently in their own homes for as long as possible.*

Erie St. Clair/South West

People aged 75 years and over accounted for approximately 6.4% of the population in Canada in 2006. They account for 13.0% of the Francophone population in Erie St. Clair (945 men and 1,425 women, a total of 2,390 people) and 7.5% of the Francophone population in the South West (350 men and 485 women, a total of 835 people).

Among the population aged 55 years and over in Erie St. Clair, about 70% live in Essex. This proportion varies little among the different age groups of seniors.

PRE-SENIORS - AGED 55 TO 64

Canada

> *Pre-seniors made up 11.6% of the population in 2006 and are projected to account for a similar percentage (11.4%) in 2036. The gender distribution in this age category was 96.7 men for every 100 women. This group is relatively well-off, with the highest average personal incomes of all age categories in 2005. Of households with a primary maintainer aged 55 to 64, more than three-quarters (77.7%) were owners in 2006; of those, more than half (56.2%) owned their homes mortgage-free. A large proportion (62.3%) of all households with a primary household maintainer aged 55 to 64 live in single detached homes, and just over half (52.5%) had not moved in the five years before the 2006 census.*

Erie St. Clair/South West

Seniors aged 55 to 64 years account for 18.0% of the Francophone population in Erie St. Clair (1,600 men and 1,705 women, a total of 3,295 people).

Seniors aged 55 to 64 years account for 16.6% of the Francophone population in the South West (925 men and 940 women, a total of 1,855 people).

YOUNGER SENIORS - AGED 65 TO 74

Canada

This group represented 7.2% of the population in 2006 and is projected to account for 11% of the population in 2036. It has 90.5 men for every 100 women. Less than a quarter of this population was employed, with labour force participation rates of 22.2% for men and 10.4% for women. The average personal income of this group is also much lower than that of the younger group, although a much greater proportion (75.8%) of owner households with a primary maintainer aged 65 to 74 years own their homes mortgage-free. A slightly smaller proportion (59.3%) of these households (than of pre-senior households) lives in single-detached homes. Within this age group, 3.0% of those with disabilities required assistance with personal care. In 2006, 52.9% of individuals in this age group had not changed their residence within the preceding five years.

Erie St. Clair/South West

Seniors aged 65 to 74 years account for 14.6% of the Francophone population in Erie St. Clair (1,340 men and 1,355 women, a total of 2,680 people).

Seniors aged 65 to 74 years account for 11.0% of the Francophone population in the South West (575 men and 645 women, a total of 1,230 people).

OLDER SENIORS - AGED 75 TO 84

Canada

This group made up 4.8% of the population in 2006 and is projected to account for 8.8% of the population in 2036. It includes significantly more women than men, with 71.8 men for every 100 women. Only a very small percentage of seniors in this age group is still working, with labour force participation rates of 7.5% and 2.4% for men and women, respectively. The average personal income is also lower than that of the two younger groups. A smaller percentage of households with primary maintainers aged 75 to 84 years are homeowners (67.9%), but a larger proportion of these owner households are mortgage-free (86.3%). Only a little over half (50.6%) still live in single-detached homes and almost a fifth (19.8%) live in apartments in buildings less than five stories high. Individuals in this group are also less likely to move: 60.2% of them had not moved in the five years preceding the 2006 census.

Erie St. Clair/South West

Seniors aged **75 to 79** years account for 5.8% of the Francophone population in Erie St. Clair (450 men and 600 women, a total of 1,060 people).

Seniors aged **75 to 79** years account for 3.4% of the Francophone population in the South West (170 men and 215 women, a total of 380 people).

ELDEST SENIORS - AGED 85 AND OLDER

Canada

This group accounted for 1.6% of the total population in 2006 and is projected to make up 3.8% of the population in 2036. The vast majority of this group is women, as there were 45.1 men for every 100 women. The proportion of those living in special care facilities and in hospitals increases with age. Therefore a large proportion of this age group will not be living in private households, either as homeowners or renters.

Erie St. Clair/South West

Seniors aged **80 years and over** account for 7.2% of the Francophone population in Erie St. Clair (495 men and 825 women, a total of 1,330 people).

Seniors aged **80 years and over** account for 4.1% of the Francophone population in the South West (180 men and 270 women, a total of 455 people).

8.3 Housing Project Components

The construction of a rental residence for seniors must include the following types of areas:

- Rental housing, depending on the final configuration chosen following the technical studies in the next phase; the three working concepts are:
    - An apartment of 640 square feet, including a bedroom, a bathroom, a kitchen and a living/dining room; the unit has no washer or dryer; this unit is similar to a bachelor;
    - An apartment of 700 square feet, including a bedroom, a bathroom including washer and dryer, a kitchen and a living/dining room;
    - An apartment of 850 square feet, including a master bedroom with adjacent bathroom, a second bedroom, a second bathroom, a kitchen and a living/dining room, and a laundry space (washer and dryer);
- Security services, possibly including a reception;
- The space required for standard care services (i.e., a secure pharmacy area, a common dining room, a commercial kitchen for meal preparation, a lounge, and an office);
- The space required for heavy care services (i.e., a controlled-access section for people with Alzheimer's or dementia and an ergonomic bathroom for assisted bathing);
- An elevator, and possibly a service elevator or a second elevator;
- A multipurpose room of 1,000 square feet.

The needs assessment does not include concepts studies, which will be carried out by architects. The project will need to call on experts to design the building and specify construction budgets based on financial parameters that will be established. The present study attempts only to expose realistic options and the general terms of feasibility for the project.

8.4 Excel Planning Tool

The firm has developed a tool that allows project managers to generate all the possible cost scenarios. This tool is embedded in the electronic version of the full report. Project managers can use the tool to make detailed calculations once a site has been found. These detailed calculations will be needed when officials send requests to various donors or lenders.

The following variables are used in the development of scenarios:

- The estimate of the net area and gross floor area of the building, depending on the number of rental units per type (bachelor, one-bedroom, two-bedroom), common areas for residents, and multipurpose room for the community, if any;
- The construction cost per square foot based on a rough estimate per square foot;
- The parameters of mortgage financing, including the down payment, borrowed capital, the interest rate, and the term;
- Rental income from residential units, including the monthly rent by type of housing unit calculated according to a redistribution of public areas by rental unit;
- The building operation costs, including regular operating costs for common areas (electricity, heating, water, insurance, maintenance, etc.), debt service, the vacancy rate, and the capital reserve fund; these costs are then expressed in monthly cost per gross square foot.

The scenarios do not include any rental income for community spaces. It is likely that these potential revenues will be sufficient to pay for the operating costs of the multipurpose community room; however, this income should not be used to calculate the long-term financial obligations of a residence.

All calculations related to this analysis have been programmed into the Excel tool.

8.5 Presentation of Five Scenarios

Five scenarios are developed to illustrate the different options that have been analyzed. The detailed report presents these scenarios and calculations thoroughly.

- Scenario 1: A building containing only rental housing for seniors, without common rooms or service areas or multipurpose room for residents, with an estimated construction cost of $250 per square foot;
- Scenario 2: A building containing only rental housing for seniors, without common rooms or service areas or multipurpose room for residents, with an estimated construction cost of $150 per square foot;
- Scenario 3: A building containing supportive housing for seniors including common rooms and service areas, without a multipurpose room;
- Scenario 4: A building containing supportive housing for seniors including common rooms and service areas, with a multipurpose room;
- Scenario 5: A building containing supportive housing for seniors including common rooms and service areas, with a multipurpose room, subject to difficult financial conditions and a slightly higher vacancy rate.

9 Summary of Findings and Follow-Up Recommendations

9.1 Summary of Findings

DEMOGRAPHIC FACTORS

People aged 75 years and over accounted for approximately 6.4% of the population in Canada in 2006. They account for 13.0% of the Francophone population in Erie St. Clair (945 men and 1,425 women, a total of 2,390 people) and 7.5% of the Francophone population in the South West (350 men and 485 women, a total of 835 people).

Among the population aged 55 years and over in Erie St. Clair, about 70% live in Essex. This proportion varies little among the different age groups of seniors.

Erie St. Clair:

- Seniors aged 55 to 64 years account for 18.0% of the Francophone population in Erie St. Clair (1,600 men and 1,705 women, a total of 3,295 people).
- Seniors aged 65 to 74 years account for 14.6% of the Francophone population in Erie St. Clair (1,340 men and 1,355 women, a total of 2,680 people).
- Seniors aged 75 to 79 years account for 5.8% of the Francophone population in Erie St. Clair (450 men and 600 women, a total of 1,060 people).
- Seniors aged 80 years and over account for 7.2% of the Francophone population in Erie St. Clair (495 men and 825 women, a total of 1,330 people).

South West:

- Seniors aged 55 to 64 years account for 16.6% of the Francophone population in the South West (925 men and 940 women, a total of 1,855 people).
- Seniors aged 65 to 74 years account for 11.0% of the Francophone population in the South West (575 men and 645 women, a total of 1,230 people).

- Seniors aged 75 to 79 years account for 3.4% of the Francophone population in the South West (170 men and 215 women, a total of 380 people).
- Seniors aged 80 years and over account for 4.1% of the Francophone population in the South West (180 men and 270 women, a total of 455 people).

SERVICES FOR FRANCOPHONE SENIORS

This study finds that the health needs of Francophone seniors are basically the same as those of the general population. Health services and community support services should thus be quite similar.

However, the provision of health services is distributed among a large number of service providers. The ability for each service provider to deliver services in French consistently was not evaluated in this study.

Some models of organization of home care services were explored and were found to suggest interesting paths for developing solutions in order to consolidate the French language offer. Financial projections of such a model are priced at nearly $1,700 per month per person, which is comparable to the co-payment fees for residents of long-term care homes ($1,720 per month).

HOUSING FOR FRANCOPHONE SENIORS

The study finds that there is an unmet need for seniors' housing in the region.

Long-Term Care

- Using the rate of demand and supply per 1,000 population aged 75 years and over as well as 2011 census data on the Francophone population aged 75 years and over, the theoretical demand for Francophone seniors is estimated at 246.2 spaces in Erie St. Clair and 98.5 spaces in the South West.
- According to administrative data from the Erie St. Clair LHIN, in 2010, 80 Francophone residents were housed in 27 different long-term care homes in the region. The number decreased to 65 residents in the second quarter of 2011.
- Francophone seniors who reside in long-term care homes are distributed throughout the region; this is a likely indicator of proximity choices that family make when placing their relatives in need of long-term care;
- According to the theoretical level identified, there would be an unmet need or an invisible need representing nearly three-quarters (65/246.2) of the total number of Francophone seniors needing long-term care;
- Fragmentation of residents in 27 homes, each having between 1 and 8 Francophone residents, make it very difficult to offer services in French.

Private Rental Residences With Support Services

- Using the CMHC's estimated capture rates for private rental residences for seniors, as well as 2011 census data on the Francophone population aged 75 years and over, the estimated theoretical demand is between 190 and 200 spaces for Southwestern Ontario. Estimates are 155.4 spaces for Francophones seniors in Erie St. Clair and 45.1 spaces in the South West. In Windsor, Résidence Richelieu currently offers 51 spaces.

9.2 Follow-Up Recommendations

Recommendations for follow-up are based on the analyses in this study and the findings that have emerged.

HEALTH NEEDS

The planning entity should work with both LHINs to improve data quality and the analysis of French language services delivered by providers of health care services in their region. The following should be explored:

- The addition of a linguistic variable in the administrative data and in assessments carried out by the LHINs;
- The establishment and monitoring of a protocol to have service providers pro-actively identify Francophone clients;
- The carrying out of a French language services capacity assessment by service providers;
- The undertaking of a designation/identification process under the *French language Services Act* for a few key providers of community services.

HOUSING

The planning entity should work with both LHINs to explore the following options for improving home care in French and access to long-term care in French:

- The possibility of grouping a number of Francophone spaces in a few long-term care homes, either through the designation of facilities or through service agreements;
- The development of models of progressive home care, in French, including through the selection of a preferred service provider who could sign a service agreement for housing with support services at the Résidence Richelieu, and develop a community outreach plan for home care services in French;
- The possibility of building rental housing with support services, with private or community capital, on the lands of the Résidence Richelieu.

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Section I – Overview of Report

This section describes the mandate given to our firm by the *Entité de planification des services de santé en français d'Érié St. Clair/Sud Ouest* (the Entity) and presents an overview of methodology. Where relevant, the detailed methodology relating to each part of the report is described therein.

1 Mandate

The *Entité de planification des services de santé en français d'Érié St. Clair/Sud Ouest* (the French language health planning entity for Erie St. Clair and the South West) hired our firm to conduct two studies on the service needs of elderly and frail Francophones in its region. The first study focuses on the needs for health services of the French elderly population in the four sub-regions of the territory – Windsor-Essex, Chatham-Kent, Sarnia-Lambton and London-Middlesex. The second mandate is a market research and feasibility study for the possible construction of a multifunctional residential housing and health facility in the Windsor-Essex region.

2 Methodology

2.1 Literature Review

This section presents a summary of published and grey literature dealing with issues related to the health and housing needs of Francophone seniors in Ontario in general, and in the Entity's region in particular.

To identify the relevant literature, a search was conducted using known sources, then on the Internet using search terms such as *health needs/housing/seniors, Francophone seniors, seniors' well-being, home care and community care, seniors' health, human resources, health professionals/recruitment, nurses/nursing, homes for the elderly, long-term care*. A search was also conducted on the websites of Health Canada, the Ministry of Health and Long-Term Care of Ontario, Local Health Integration Networks (LHINs), the Health Council of Canada, the Ontario Seniors' Secretariat, the Public Health Agency of Canada, the Canadian Institute for Health Information, the University of Ottawa Institute of Population Health, the Canada Mortgage and Housing Corporation, the *Réseau de recherche appliquée sur la santé des francophones de l'Ontario* (applied research network on the health of Francophones in Ontario), the Healthy Communities Consortium, the *Consortium national de formation en santé* (national French language health training consortium), the Canadian Home Care Association and Statistics Canada. Some authors were contacted directly to obtain a copy of reports that were not available online.

Administrative documents such as annual reports, strategic plans and development plans were excluded from the review.

2.2 Demographic Analysis

In the analysis of Statistics Canada data, unless otherwise specified, the term *Francophone* includes people who have French only as first official language spoken (French FOLS) and those who have both English and French as FOLS (English and French FOLS). This method is similar to Ontario's *Inclusive Definition of Francophone (IDF)*.

The demographic analysis draws on four main sources of data:

- The topic-based tabulations on language published by Statistics Canada from the 2011 Census[1];
- The DVD-ROM Portrait of official language communities in Canada: 2006 Census.
- The topic-based tabulations on income and housing and on immigration and ethnocultural diversity published by Statistics Canada from the National Household Survey of 2011[2];
- The 2012 annual data on health indicators from the Canadian Community Health Survey (CCHS)[3].

As part of the NHS, data on immigration and income are available only for census metropolitan areas (CMAs) and census agglomerations (CAs) for people living in private households.

- The Francophone population in CMAs and CAs in the Entity's region accounts for 87.5% of the total French population in the region's census divisions as calculated from Census data (25,835 of 29,525). The Francophone population aged 65 years and over in CMAs and CAs in the region accounts for 84.1% of the total senior Francophone population in the region's census divisions as calculated from Census data (5,990 of 7,125). For the whole region, the data obtained through the NHS therefore exclude approximately 12.5% of the Francophone population and approximately 15.9% of the Francophone population aged 65 years and over as calculated from Census data.
- Five (5) agglomerations were analyzed in detail: Windsor, Leamington, Chatham-Kent, Sarnia and London. Based on NHS data, these agglomerations combined for a total of 24,765 Francophones (nearly 84% of Francophones on the Entity's territory) and 5,720 Francophones aged 65 years and over (more than 80% of Francophone seniors on the Entity's territory).

Five (5) agglomerations were not analyzed in detail: Ingersoll, Woodstock, Tillsonburg, Stratford and Owen Sound. These agglomerations total 1,070 Francophones, of which 270 are aged 65 years and over.

When dealing with statistics on income, it is not possible to combine the *French FOLS* and *English and French FOLS* linguistic groups; the analysis focuses on people with French only as FOLS.

2.3 Survey Results

The Entity conducted a survey of the Francophone population of the territory in the summer and fall of 2012. This survey focused on various topics related to health and health care, including general health and lifestyle, the use of health services, the availability of health services in French as well as chronic diseases and disorders. Much of the survey questions were adapted from Statistics Canada's Canadian Community Health Survey (CCHS).

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[1] See: http://www12.statcan.gc.ca/census-recensement/index-eng.cfm

[2] See: http://www12.statcan.gc.ca/nhs-enm/index-eng.cfm

[3] See: http://www5.statcan.gc.ca/cansim/pick-choisir?id=1050501&p2=33&retrLang=eng&lang=eng

The Entity encouraged community groups to distribute the questionnaire to their members or invite them to complete the questionnaire online. Of the 1,500 responses received, 1,139 respondents met the criteria and their responses were used for the analysis. The survey reached a total of 306 respondents (99 men and 206 women) aged 65 years and over who describe themselves as being Francophone (French being their mother tongue, their official language of choice or their language of culture).

Estimates obtained for people aged 65 years and over through the CCHS data were compared to those obtained following the 2013 survey sponsored by the Entity.

2.4 Focus Groups and Structured Interviews

Three focus groups were held with seniors. Participants were asked to complete a survey questionnaire on paper before the start of discussions. Sixty-four (74) questionnaires were collected.

The Windsor focus group had 28 participants and was held on November 4, 2013 at Résidence Richelieu, a rental housing building for independent Francophone seniors. Thirty (30) seniors attended the focus group in Pain Court, held during a weekly meeting of the *Club de l'amitié*, on November 5, 2013. The London had 16 participants and was organized by the *Cercle des copains* at the Victorian Order of Nurses (VON) on November 18, 2013.

Thirty-five (35) individuals were identified as key informants by the study's steering committee; these people participated in structured interviews held in person and by phone in October, November and December 2013. The complete list of these individuals is appended to the report.

2.5 Housing Service Feasibility Study

The feasibility study of a housing service for seniors in Windsor uses data from various secondary sources, including data from the Ministry of Health and Long-Term Care and from the Community Care Access Centres of both regions, as well as information obtained from key informants. Data on private rental housing services are taken from annual reports released by the Canada Mortgage and Housing Corporation (CMHC).

The financial projections are developed using variables related to current market conditions in construction and finance, taken from information published by major Canadian banks and specialized provincial and national associations.

3 Overview of Main Sections

Section I of the document describes the mandate given to our firm by the *Entité de planification des services de santé en français d'Érié St. Clair/Sud Ouest* (the Entity) and presents an overview of methodology. Where relevant, the detailed methodology relating to each part of the report is described therein.

Section II presents a summary of published and gray literature on issues related to the health and housing needs of Francophone seniors in Ontario generally, and the Entity's region in particular.

Section III of the report presents a demographic profile of Francophones in the Entity's region as a whole, i.e. the territory served by the Erie St. Clair LHIN and the South West LHIN. The analysis draws on data from Statistics Canada using the *first official language spoken (FOLS).* The section also presents estimates for the population aged 65 years and over derived from the Canadian Community Health Survey and compares some of this data with the data obtained through the 2013 survey on the health of Francophones sponsored by the Entity.

Section IV describes the services offered to Francophone seniors according to the level of services outlined in the conceptual framework of the 2012 *Living Longer, Living Well* report. Eldercare services are presented in four parts that match the levels of services described in the conceptual framework: long-term care facilities; private housing with community support and supportive housing; community support services; and independent community living. Finally, the section presents the needs expressed during focus group sessions and interviews with Francophone seniors and key informants.

Section V presents the analyses done in the second part of this study, which focused on determining the housing needs of Francophone seniors in the Windsor region and the feasibility of building a housing facility. The section describes the following elements: an estimate of the total potential market; an estimate of the exploitable potential market; potential customers' key sensitivity factors, such as sensitivity to rental prices and the type and level of services to be provided. Five scenarios are developed to illustrate the possibilities; these scenarios are fully developed.

Section VI presents a brief summary of findings and develops follow-up recommendations relating to both aspects of the mandate.

4 Definition of Geographic Scope According to Data Sources

The study focuses on the Erie St. Clair LHIN and South West LHIN territories. Geographical limits may vary depending on the source of the data used in various parts of the study.

- Administrative data of each LHIN directly correspond to the territory under their administration. In general, no linguistic variable is available.
- The Statistics Canada data were grouped to match with the boundaries of each LHIN using census divisions (CDs), census metropolitan areas (CMAs) and census agglomerations (CAs). However, Statistics Canada publications and analyses do not always give a complete picture for all jurisdictions. Linguistic variables are often available, but not throughout the territory and in all analyses.
- The Canada Mortgage and Housing Corporation (CMHC) defines the region of Southwestern Ontario as the entire territory served by the two LHINs. Data is grouped by county, with a sub-division by urban area for Essex County in some cases. Linguistic variables are not available.

4.1 Erie St. Clair LHIN

The territory of the Erie St. Clair LHIN includes three (3) census divisions - Chatham-Kent, Essex and Lambton - and four (4) urban areas, including the Windsor census metropolitan area.

Table 1: Geographic units, Erie St. Clair LHIN region

Census divisions (CDs)	Census metropolitain areas (CMAs) and Census agglomerations (CAs)
Chatham-Kent (3536)	• Chatham-Kent (556) CA
Essex (3537)	• Leamington (557) CA • Windsor (559) CMA
Lambton (3538)	• Sarnia (562) CA

The official map of the territory of the Erie St. Clair LHIN is shown on the following page.

Figure 1: Map of the Erie St. Clair LHIN territory

Source: http://www.lhins.on.ca/uploadedFiles/Shared_Elements/lhin_map_1.pdf

4.2 South West LHIN

The South West LHIN's territory covers a large area of southwestern Ontario, from Lake Erie to the Bruce Peninsula. It includes the entire census divisions of Bruce, Elgin, Huron, Middlesex, Oxford and Perth, about 95% of the Grey CD, and about 12% of the Haldimand-Norfolk CD. The territory also includes six (6) urban areas, including the London census metropolitan area.

The Haldimand-Norfolk CD is excluded for the purposes of this analysis. If the Francophone population is evenly distributed across this county's territory, this excludes approximately 130 Francophones (FOLS), 40 of which are aged 65 years and over.

Table 2: Geographic units, South West LHIN region

Census divisions (CDs)	**Census metropolitain areas (CMAs) and Census agglomerations (CAs)**
Perth (3531)	• Stratford (553) CA
Oxford (3532)	• Ingersoll (533) CA • Woodstock (544) CA • Tillsonburg (546) CA
Elgin (3534)	• London (555) CMA
Middlesex (3539)	
Huron (3540)	
Bruce (3541)	
Grey (3542)	• Owen Sound (566) CA

The official map of the territory of the South West LHIN is shown on the following page.

Figure 2: Map of the South West LHIN territory

Source: http://www.lhins.on.ca/uploadedFiles/Shared_Elements/lhin_map_2.pdf

Section II – Literature Review on the Needs of Seniors

This section presents a summary of published and grey literature dealing with issues related to the health and housing needs of Francophone seniors in Ontario in general, and in the Entity's region in particular.

1 Overview of Literature Review

To identify the relevant literature, a search was conducted using known sources, then on the Internet using search terms such as *health needs/housing/seniors, Francophone seniors, seniors' well-being, home care and community care, seniors' health, human resources, health professionals/recruitment, nurses/nursing, homes for the elderly, long-term care*. A search was also conducted on the websites of Health Canada, the Ministry of Health and Long-Term Care of Ontario, Local Health Integration Networks (LHINs), the Health Council of Canada, the Ontario Seniors' Secretariat, the Public Health Agency of Canada, the Canadian Institute for Health Information, the University of Ottawa Institute of Population Health, the Canada Mortgage and Housing Corporation, the *Réseau de recherche appliquée sur la santé des francophones de l'Ontario* (applied research network on the health of Francophones in Ontario), the Healthy Communities Consortium, the *Consortium national de formation en santé* (national French language health training consortium), the Canadian Home Care Association and Statistics Canada. Some authors were contacted directly to abtain a copy of reports that were not available online.

Administrative documents such as annual reports, strategic plans and development plans were excluded from the review.

Research has identified 122 articles and reports published over the past 15 years. These are government research reports, studies produced for community or paragovernmental organizations, scientific journal articles, guides developed for seniors and professionals working with seniors, session reports, doctoral theses and papers presented in meetings of health professionals. Among these 122 documents, 75 focus on the situation of Francophone seniors and their health and housing needs, across the country. There are 47 other documents dealing with the same issues at the provincial or regional level in Ontario.

This is not a comprehensive review. However, there is a sufficient corpus of documents to support a fairly detailed situation analysis regarding needs, existing services and best practices.

Six (6) main themes were identified:

- Health care and housing needs;
- Seniors' well-being;
- Portrait of seniors;
- Health professionals;
- Health of seniors;
- Health of Francophones in general.

Note that some documents may address more than one theme at a time. In such cases, the dominant theme was chosen for classification purposes. The Excel database used for recording information on the documentation was shared with the Entity, along with a PDF version of all documents. This database details each entry: title, authors, year of release, main theme, geographical scope, and summary, where available.

The following table presents the list of themes and their frequency as the main theme in the literature reviewed.

Table 3: Number of documents reviewed according to main theme

Theme	Number of documents	Percentage
Health care and housing needs	35	29%
Seniors' well-being	20	16%
Portrait of seniors	5	4%
Health professionals	16	13%
Health of seniors	19	16%
Health of Francophones in general	27	22%
Total	**122**	**100%**

All reviewed documents are referenced in the following embedded file (electronic version of the report). By double-clicking the file icon below, the Excel spreadsheets will open and can be viewed and manipulated. This requires software that can handle Excel 2007-2010 files.

Embedded Excel File 1: Reviewed Documents

REVUE LITTERATURE.xlsx

2 Literature Review Findings

2.1 Ontario's population is aging at an increased rate

Ontario's population is aging at a faster rate than ever before and its age structure will undergo profound changes over the next two decades. The number of seniors in Ontario will more than double the current number by 2036. In 2011, there were 1,878,325 Ontarians aged 65 years and over, 14.6% of the total population of the province (Sinha, 2012). The older age groups are growing at a faster rate than others. The group aged 75 years and over is expected to increase by about 144% by 2036 and the group aged 90 and over is expected to triple in size (Ontario Seniors' Secretariat, 2013). It is estimated that in 2036, the senior population will reach about 4.2 million people, or 23.4% of the total population of the province (McDonald, 2011). This context leads communities and various stakeholders (policy makers at various levels of government, health authorities, institutions and agencies at various levels, health professionals, health care providers, etc.) to engage in an in-depth reflection on the impact that an aging society can have on the housing market, the health system, the labour market, etc., and on how communities and individuals themselves cope with the situation.

2.2 Seniors' self-perception of health is better than in previous generations

Seniors in Canada and Ontario live longer and are less affected by disability than previous generations of seniors. The majority of older people feel they have a good general state of health, but there is a marked decrease, with age, in the percentage of people who are satisfied with their general health, functional health and independence in activities of everyday life. However, health is not solely linked to age. Gender, educational level, income, low-skilled or unskilled work, lack of access to informal support networks, lifestyle, or risky behaviors are all factors that can affect health. Despite this perception of good health, the majority of seniors report living with one or more chronic diseases (emphysema, chronic bronchitis, asthma, high blood pressure, diabetes, heart diseases notably).

2.3 The health of Francophones is not as good as that of Anglophones

Some studies report that in general, Francophones perceive themselves to be in very good physical and mental health. However, this perception of good health decreases markedly with age and depending on several other factors (body mass index, diet, lifestyle, etc.). In addition, compared to Anglophones, Francophones in Ontario do not generally have a positive perception of their health. A greater proportion of Francophones report a high level of work-related stress. A significant proportion of the general population report living with pain or discomfort and difficulty in carrying out their daily activities. This prevalence is higher among Francophones in the Central and Southwestern regions. For the province as a whole, more than half of Francophones (53%) and Anglophones (51%) report suffering from one or more chronic diseases (Bouchard et al., 2012b).

2.4 Some segments of the senior population are vulnerable

There are still many stereotypes about the elderly. Ageism is one of the main obstacles to overcome in order to support active aging. Prejudice and stereotypes about aging unduly restrict the intrinsic value of older people in society. Manifestations of ageism are observable in several areas, including health care (where the age of a person, rather than general condition, influences the decision to conduct a medical examination or provide treatment) and the labour market (where the age of a person, rather than experience and skills, influences the decision to hire). In addition, Ontario seniors do not have equal access to goods and services or identical choices regarding their care, their housing and their ability to participate actively in society. Thus, women, seniors in rural and remote areas, seniors living on their own, immigrants and the elderly who are homeless or at risk of homelessness are all groups of older people at risk who deserve special attention in terms of support for the elderly.

2.5 The impact of living conditions of Francophone minority communities on their health status is understudied

The impact of living conditions of Francophone minority communities on their health status is poorly documented, whether across the country or within the provinces. According to the literature, this shortcoming is due to four main factors that have a direct impact on access to quality information and on the organization and planning of health services: the absence of linguistic variables in administrative databases of provincial health services, the lack of standardization of linguistic variables available in health databases, the small sample of official language minority communities (OLMC) and the low complexity of possible investigation strategies, therefore often limiting research to descriptive analyses. The review reveals that there is very little research on topics such as aging within Francophone minority communities, housing options for Francophone seniors, access of minority Francophone seniors to long-term care homes, or language of service in existing homes.

2.6 Seniors have an increased desire to age in place and public policy supports this option

In urban centers and in rural areas, many seniors own their home, and it is often their largest asset when they retire. The majority of older people in Canada and Ontario want to live as long as possible in their homes and in the community that is familiar to them, even if their health deteriorates. Public policy supports this option; the Ontario government's Aging at Home (AAH) Strategy and the Home First initiative are good examples of current policy. However, information on the various programs that support home care is not always easy to find, and when seniors locate this information, paperwork is perceived as a burden.

Although home care services are the preferred path for some seniors, it is not always possible to adequately meet their needs in their own homes. In spite of the support services offered by the family or various community organizations, loss of independence is sometimes so great that they are forced to turn to long-term care housing services or homes for the elderly. According to research, long-term care homes in Ontario are currently at a crossroads, and the sector's services must be adapted to the changing needs of the elderly. The changing needs and preferences of Ontarians may require a change in the sector's image.

2.7 The language of service is not taken into account in long-term care homes

Minority Francophone seniors' access to long-term care homes is a very real issue. However, there have been few studies on this subject, whether across the country or within the provinces. In these homes, there is no formal planning on language of service that would lead to measures designed to meet the needs of Francophone seniors. In predominantly English-speaking homes, language is not taken into account in the organization of services. Hiring policies do not take into account the French language skills of candidates, despite the presence of Francophone care recipients. The offer of services in French in these homes is often fortuitous rather than the result of planning. Yet studies show that the provision of services in the client's language allows the service provider to better understand the client's situation and offer services best suited to his or her needs. It is generally accepted that clients who receive services in their own language are more compliant to instructions, make less use of hospital services and maintain better health. Often patients served in their language also display a stronger sense of community belonging, which also has a positive impact on their well-being. The literature highlights the need to develop more health services in French and expand them to more areas, including rural and remote communities, to facilitate Francophones' access to care.

2.8 Seniors are heavy users of hospital care

The literature indicates that compared to other age groups, the elderly make a disproportionate use of hospital services. Not only do they use hospital services more often than people of other age groups, but they also use them differently. Among the elderly, the use of services increases with age for all types of care except outpatient services. Seniors are heavy users of hospital services: the number of visits is greater, the amount of resources used during these visits is greater, and hospital stays last longer.

2.9 Home care services play an important role in seniors' care and their ability to stay at home

Home care services helps seniors who are physically frail to live independently. Home care represents a cost effective alternative to care in hospitals and long-term care facilities. It is also a critical component of chronic disease management. Nationally, one out of every six seniors receives care at home. Given the increase in the number and proportion of older people in the Canadian population, researchers believe that the need for home care will increase over the coming years. The home care sector plays a

vital role in meeting the health needs of Canadians through better adapted care leading to better results.

2.10 Many initiatives contribute to the effective care of seniors in the community

Studies emphasize that promoting active life must be supported by examining and addressing issues such as urban planning, transportation and housing. Cities, towns and villages should be better adapted to the needs of seniors; they must be organized to allow seniors to get where they need to go and want to go, to participate in recreational, social and community activities, and to access the support services they need. Senior-friendly communities address the various issues of aging, facilitate active participation of seniors in all spheres of society, foster proper health management, create a sense of security, and preserve the dignity of seniors. Supportive housing is also a winning option in caring for seniors. However, few studies have evaluated the costs, benefits, needs and outcomes of models of supportive housing in Canada and Ontario. Nonetheless, these environments offer potential benefits for the well-being and quality of life of seniors, as they offer nutritious daily meals, socialization opportunities, the opportunity to participate in physical activity and access to health services in the community. Supportive housing can also reduce the number of emergency visits, hospitalizations and admissions to long-term care.

2.11 The shortage of health professionals is growing

The Francophone population is older than the general population in Ontario. Research indicates that the province is experiencing an increased need for health care professionals who speak French in many specialties: physicians, nurses, nurse practitioners, prevention/health promotion specialists, speech therapists/audiologists, psychologists/social workers, laboratory technicians, nuclear medicine technicians, pharmacists, physiotherapists/occupational therapists, home care workers and midwives. In rural communities of Canada and Ontario, the main difficulties are the lack of family support in the area and the distance to access services. For service providers, the challenge lies in the recruitment and retention of staff. For the system as a whole, the challenge remains to provide health care and services that are both efficient and affordable. The shortage of health professionals is reported throughout the province. Family physicians, nurse practitioners, nurses, speech therapists and social workers are in highest demand. Another aspect of the problem is the lack of information on existing French speaking human resources and the inadequate use of such resources. Indeed, there is no comprehensive listing or inventory of French speaking professionals and there is no formal mechanism for coordination, referral or client-provider matching. Due to the anticipated shortage of human resources in the health sector and due to planned program cuts, there could be a decrease in the offer of French language services.

3 Detailed Thematic Literature Review

Note: The literature review did not address the theme *Portrait of seniors* in detail, as Section III (demographic analysis) uses more recent data from Statistics Canada (2011 Census and 2011 National Household Survey).

3.1 Health of Francophones

In this section we have identified twenty-seven (27) studies dealing with the health of Francophone communities outside Quebec. Fifteen (15) studies focus on the issue of health in minority communities in Ontario and twelve (12) discuss the topic across the country. These studies provide the health and social profile of the Francophone population and document their health needs, barriers in the delivery

of health services in French and the challenges faced by communities to access these services. Despite the gaps in existing data, these documents analyze the impact of living conditions of official language minority communities (OLMCs) on their health. These studies develop suggestions for better health among OLMCs and especially Francophone seniors.

3.1.1 Overview of Health of Francophones

It is important to emphasize at the outset that the literature indicates that the impact of living conditions of OLMCs on their health is poorly documented, across the country and at the provincial level. This shortcoming is due to four main factors that have a direct impact on access to quality information, and on the organization and planning of health services (Gaboury et al., 2009):

- Absence of linguistic variables in provincial administrative health databases;
- Lack of standardization of linguistic variables that are available in health databases;
- Low sample of OLMCs;
- Low complexity of possible analysis frameworks, which therefore often limit research to descriptive analyses.

Several authors report that at present, information on the health of Francophones in Ontario is virtually nonexistent. In fact, information currently used for health care system planning does not document the state of health services for Francophones in Ontario. The lack of evidence on the health of Francophones greatly reduces the possibility of analyzing the health needs of individuals and of Francophone communities, and hinders proper planning of health services that meet the needs of this population (Regroupement des entités de planification des services de santé en français de l'Ontario, 2013).

The *Réseau des services de santé en français de l'Est de l'Ontario* (Eastern Ontario planning entity) closely examined the presence of linguistic variables in the administrative databases used by LHINs to better understand the use of health services by Francophones and their state of health. Conducted in 2012, the study shows that among the nineteen (19) databases identified, twelve (12) do not collect any linguistic variable and seven (7) collect one or several linguistic variables, but the information is not accessible for five (5) databases and inconsistant in the case of the other two.

Despite this shortcoming, a few studies have demonstrate that OLMCs of Canada and Ontario enjoy poorer health compared to the Anglophone majority.

3.1.2 Physical and Mental Health

Published in 2005, the *Second Report on the Health of Francophones in Ontario* (Picard and Allaire, 2005) drew a portrait of the health status of Francophones using a health determinants approach primarily based on the *Canadian Community Health Survey* of 2001-2002. The data of this second report show that Francophones do not generally have a positive perception of their health. In addition, more than half of Francophones say they have done "something" to improve their health, especially exercise, sports or physical activity.

Among Francophones, the prevalence of chronic disease (emphysema, chronic bronchitis, asthma, hypertension, diabetes, heart disease) and serious injuries generally increases with age and decreases with increasing income. Provincially, more than half of the Francophone population (53%) has at least one chronic condition (Réseau de recherche appliquée sur la santé des francophones, 2011).

The literature indicates that since the publication of the first *Report on the Health of Francophones in Ontario* in 2000, Francophones show higher rates of professional consultations, of depression and of work-related stress. The results also indicate that the health of Francophone women is worse than that

of Francophone men: they consult more, have a higher rate of depression, and work-related stress is assessed at a higher level.

In the *Rapport sur la santé des francophones de l'Ontario: un portrait régional tiré des Enquêtes sur la santé dans les collectivités canadiennes* (Bouchard et al., 2012b), reported data for the South West are incomplete. However, the study was able to highlight some interesting findings. The authors report that more than one in ten Ontarian has poor health and one in twenty has poor mental health. Nearly a quarter of Ontarians report having a lot of stress in their lives in general. Compared to Anglophones, a greater proportion of Francophones (35% versus 29%) saw a high level of work stress. Approximately 20% report living with pain or discomfort and 25% report having difficulty with their everyday activities. This prevalence is higher among Francophones (33%) in the Central and South-West regions. In the province as a whole, more than half of Francophones (53%) and Anglophones (51%) reported suffering from one or more chronic diseases.

The report *Santé des francophones et utilisation des services de santé dans les Réseaux locaux d'intégration des services de santé d'Érié St. Clair et du Sud-Ouest* (Smith, 2013) reported that in general, Francophones in the study sample perceive themselves in very good physical and mental health (although, in general, physical health got a slightly lesser score). But this perception of good health decreases markedly with age and with increasing body mass index. Nearly 40% of Francophone respondents reported having at least one chronic health disease or condition, and almost 40% reported having been diagnosed with several health problems. Health problems most common in the sample were bone and joint diseases, heart and blood vessel diseases and various "other" diseases and disorders.

Nearly half of respondents in the sample say they have healthy eating habits (consumption of daily recommended amount of fruits and vegetables) and a healthy lifestyle (sports, no alcohol or tobacco). The level of stress experienced daily by the majority of respondents is quite high, but very few have reported problems with memory, cognition, mobility or assistance with activities of daily living. Other studies indicate that Francophones in Ontario are more likely than their Anglophone counterparts to have habits that may lead to health problems, such as higher consumption of tobacco and alcohol and lower consumption of fruits and vegetables (Healthy Communities Consortium, 2011; Bouchard et al., 2012).

3.1.3 Health Needs, Availability of Health Services in French and Barriers to Access

The literature indicates that the issue of availability and accessibility of primary health care services in French has been reported across southern Ontario. The provincial report *Setting the Stage* (Réseaux de santé en français de l'Ontario, 2006) reported that among twelve (12) census divisions studied, nine (9) are identified as underserved areas. Access to health services is a global problem, more so in French and in rural areas. However, according to a population-based survey conducted in 2011 by the Société Santé en français, 41% of the 6,500 respondents said that access to health services in French in their area has improved over the past five years (Société Santé en français, 2013).

The study *Examining the geographic distribution of French speaking physicians in Ontario* (Gauthier et al., 2012) reported that in Ontario, the doctor/patient ratio (by first official language spoken) is 1 doctor for 138 Francophone patients. There is 1 Francophone general practitioner or family physician for every 297 Francophone patients, and doctors are located mostly (91.4%) in Southern Ontario, where the ratio is 1 doctor for 111 Francophone patients. The Francophone doctor/Francophone patient ratio is most favorable in Southern Ontario (1/248 for general practitioners and family physicians, and 1/1,202 for other specialists) and in urban areas (1/266 for general practitioners and family physicians and 1/1,209 for other specialists). For Ontario as a whole, there

seems to be an encouraging number of physicians, relative to the number of Francophone residents, who said they were competent to provide services in French. Despite this favorable report, poor distribution of these services is an issue.

The report *Santé des francophones et utilisation des services de santé dans les Réseaux locaux d'intégration des services de santé d'Érié St. Clair et du Sud-Ouest* (Smith, 2013) indicates that almost all respondents of the study sample have a regular doctor. In addition to their family doctor, respondents also indicated that they consult various health care professionals to discuss certain aspects of their physical, emotional and mental health (e.g. dentist, pharmacist, chiropractor, naturopath, massage therapist). However, very few have indicated that they communicate with their doctor in French, or receive health information in French.

Regarding barriers to obtaining health services in French, the barriers most often cited by respondents was the lack of Francophone health professionals available to meet the needs. Another important obstacle that was mentioned was the knowledge of health services in French (i.e. people do not know where to find them); respondents felt these services were not well publicized in the Francophone community. In general, only a small percentage of respondents reported knowing where to obtain health services in French in the region, and most of the respondents rated the availability of such services as poor, with the assessment varying by region.

Other studies indicate that generally the province is experiencing an increased need for health professionals who speak French to serve the Francophone population which is older than the general population in Ontario (Stitou and Bouchard, 2012); among the occupations cited were the following: doctors, nurses, nurse practitioners, health promotion/prevention specialists, speech pathologists, audiologists, psychologists/social workers, laboratory technologists and technicians (nuclear medicine), pharmacists, physiotherapists/occupational therapists, home care workers and midwives. In addition, the treatments available do not match the cultural attitudes of Francophones and therefore, they may be less effective. For example, Francophone/Creole immigrants of Caribbean and African origin face specific barriers regarding access to mental health care that meets their needs; conversely, providers of these services have difficulties in effectively serving these populations (Healthy Communities Consortium, 2011). Franco-Ontarians need to be served in French for many health services. The following table indicates the rate of non-access to services in French according to the type of service.

Table 4: Rate of non-access to services in French in Ontario

French language service needs	Rate of non-access to services
Treatment centres for alcohol abuse	77%
Hospital services	74%
Treatment centres for addiction	66%
Emergency shelters	66%
Home care services for elderly persons	59%
Mental health services	53%

Source: Healthy Communities Consortium (2012).

A study in three rural communities in Canada (Northern Lights Health Region in Alberta, Community Care Access Centres of North Simcoe Muskoka in Ontario Centre, and Eastern Regional Health Authority in Newfoundland and Labrador) reports that for rural Canada, the main difficulties are the lack of family support in the region and the travel distance to access services. For suppliers, the challenge lies in the

recruitment and retention of staff, and for the system, the need to provide efficient care and health services at an affordable cost (Canadian Association of Home Care, 2008b).

The literature indicates the need to develop more health services in French and expand them to more regions, including rural and remote communities, to facilitate Francophones' access to treatment. The following table, reported by Stitou and Bouchard (2012), shows service needs expressed by Francophones as part of the CCHS for all of Ontario, as collected by Bouchard et al. (2012b).

Table 5: French language service needs in Ontario

Service needs	Expressed level of need
Need to access routine health services	61%
Need for health-related information	42%
Need for immediate care for minor health problems	39%
Need to consult with a specialist	28%
Need for an elective surgery	11%
Need for home care services	5%

Source: Bouchard et al. (2012b).

Priority needs identified in the literature include family medicine services and mental health and addiction services, as well as services for children and seniors. As is the case elsewhere, the long waiting lists and difficulties in referrals to services in French were often mentioned. These findings are symptomatic not only of shortages but also of a lack of knowledge of the system and of the resources available in French; they also point to the lack of integration and coordination of existing resources.

3.1.4 Impact of Linguistic Minority Status on Health Care for Francophones

The impacts of linguistic minority status on Francophones' state of health is very poorly documented. The few studies that have addressed the issue indicate that language and cultural barriers make it more difficult to access health services, impede the establishment of an accurate diagnosis, and jeopardize compliance of the person in treatment (Société Santé en français, 2013). These have implications for the health system and for the person: inappropriate treatment, impaired health, a greater number of treatments needed, more hospitalization, and increased costs related to treatment. Language barriers are a source of poor efficiency and accountability in the health system.

According to the provincial report *Setting the Stage*, documented literature and best practices show that when organizations and health professionals do not have the cultural skills needed to serve a given population, access to services is deficient, the quality of care tends to decrease and ultimately the health of the population suffers.

In social and health services, as noted by Bowen (2001), it is generally recognized that clients who receive services in their own language better follow instructions, make less use of hospital services, and maintain better health. Often, the client also displays a stronger sense of belonging to the community, which also has a positive impact on well-being. Researchers give increasing importance to the sense of community belonging as an indicator of well-being of individuals and of communities (Picard and Allaire, 2005; Consultative Committee for French Speaking Minority Communities, 2007).

According to the literature, the provision of services in the client's language allows the supplier to understand the client's situation and offer services best suited to their needs. This ensures a better quality of service and translates into fairness. Moreover, having a bilingual capacity gives the supplier

some benefits, such as reaching a greater proportion of its target customers, strengthening ties with the community and better reflecting the diversity of the community.

3.2 Health of Seniors

Nineteen (19) studies addressing the health status and health needs of seniors have been identified. Nine (9) of these studies relate to the province of Ontario and ten (10) are national in scope. These documents focus on the health of Francophone and non-Francophone seniors in Ontario and Canada, identify unmet health needs of these people, explore the impact of linguistic minority status on health care for seniors, and develop recommendations to contribute to their well-being.

3.2.1 Health Status of Francophone and Non-Francophone Seniors in Ontario and Canada

The literature indicates that in Canada today, men who reach age 65 can expect to live another 17.4 years and women can expect to live an additional 20.8 years (Statistics Canada, 2005). The majority of older people feel they have a good general state of health, but the percentage whose general health, functional health and independence in activities of daily life are good decreases markedly with age. Men are more likely (59%) than women (52%) to have a good general state of health (Edwards and Mawani, 2006). Ill health and disability in the elderly are largely due to diseases and chronic problems (such as problems with vision and hearing), and to injuries from a fall. At least one chronic health condition was diagnosed in the majority (81%) of seniors living at home and 33% of older people have three or more chronic health problems (compared to 12% in younger adults).

In 2009, there was a high prevalence of chronic health problems in the elderly: 89% of them had at least one chronic condition and many had multiple health problems (Chief Public Health Officer of Canada, 2010). In fact, one in four people aged 65 to 79 years, and more than one person in three aged 80 years and over, said they had at least four chronic conditions, including arthritis or rheumatism, high blood pressure, diabetes, heart disease, cancer, stroke, Alzheimer's disease, cataracts, glaucoma, mood disorders and anxiety disorders.

In 2005, the Public Health Agency of Canada reported that among seniors, older women generally have more falls that cause injury and their hospitalization rates is higher. Women are also more vulnerable than men to fractures due to falls, which is partly explained by the decrease in bone density after menopause and higher rates of osteoporosis (Public Health Agency of Canada, 2005).

A review of the health status of elderly persons reveals that Ontarians aged 65 and over are living longer and are less affected by chronic illness or disability that the generations that preceded them (Sinha, 2012). However, the vast majority has at least one disease or chronic condition. Although recently, 77% of older Ontarians said they were in good health, it is clear that a few particularly struggle against several complex and often interrelated health problems and social issues. With age, the risk of suffering from a chronic illness or disability increases. However, age is not the only factor that is related to health. Gender, level of education, income, unemployment or unskilled employment, lack of access to informal support networks, lifestyle, and unsafe behaviors are all factors that can affect the health of a person. At age 65, the cumulative effects of these factors on health and past experiences account for differences in several respects between men and women.

In Local Health Integration Networks (LHINs) of Ontario, the elderly account for between 43% and 73% (unweighted) of hospital days. Hospitals' priorities have revolved around rapid diagnosis, management of serious diseases and operating protocols. This paradigm is ill-suited to the complex needs of the elderly. They often suffer adverse events in the hospital that lead to a deterioration of their physical and cognitive functions, a trend that is difficult to reverse. This increases the likelihood of institutionalization

and exerts more pressure on the resources of an already overburdened health system. Moreover, hospitals report that the percentage of classified "alternate level of care" (ALC) beds occupied by elderly people varies between 71% and 89% (unweighted) across all LHINs (Wong, Ryan and Liu, 2011).

In 2009, 25% of Canadian seniors received home care. The proportion of beneficiaries increased with age and ill health. In addition, single seniors were more likely to receive home care than those living with others. Compared to home care clients, elderly people in residential care facilities are generally older, single and experiencing a loss of independence; they are twice as likely to show signs and symptoms of depression, but two times less likely to experience daily pain (Canadian Institute for Health Information, 2011b).

3.2.2 Unmet Health Needs of Seniors

Some reports examining the situation of older people in various care settings, from primary health care to home care and accommodation, indicate that many seniors require primary care and effective prescription drugs to manage a variety of increasingly complex health problems and protect their health. While the majority of Canadians over 65 (95%) have a family doctor, some said they had trouble getting a consultation if needed (Canadian Institute for Health Information, 2011b).

The vast majority (93%) of seniors occupy a private dwelling. Although most want to retain their independence, some need formal or informal support services to achieve this. Regarding formal support services, the number of Canadians receiving home care is estimated at one million, of which approximately 80% are seniors. These services vary according to age and needs, and include home care and home support.

In contrast, the majority (about 80%) of informal support services are provided by family members, friends or neighbors. The more time they spend providing care, the more they experience distress. According to recent data, 32% of caregivers who provide more than 21 hours of care per week feel distress; this is four times more than caregivers who provide less than 10 hours of informal care per week. According to some studies, there is a shortage of caregivers in Canada, which is likely to worsen with the aging of the population; moreover, according to other studies, aging caregivers themselves pose an even greater challenge to the sustainability of health care.

The results of a 2009 Healthy Aging component of the CCHS show that one in four seniors received home care in Canada, mostly in the form of help with housework and transportation. Non-formal care provided by family, friends and neighbors predominate in most categories of care. Approximately 180,000 older people (4% of all seniors) reported having unmet professional home care needs (Hoover and Rotermann, 2012). Nearly two-thirds (63%) of seniors with unmet needs for formal care attributed this to their personal circumstances, such as the inability to pay; 24% mentioned characteristics of the health care system, including the non-availability of services.

The results showed that women were more likely to have unmet needs than men (5% and 3%, respectively). In addition, the proportion of seniors who reported unmet needs rose from approximately 3% in the 65 to 74 years age group to about 7% in the 85 years and over group; the rate of unmet needs is two times higher among single seniors than in those living with other people.

The prevalence of unmet needs also depends on the level of disability. For example, 10% of people with severe disabilities reported having an unmet professional home care need, compared with 1% of those with no disability. Needs were unmet in 20% of elderly patients with severe limitations in personal care and in 29% of those with a severe mobility limitation, compared to about 3% of people with no limitation on personal care and about 4% of those with no limitation of mobility.

Research shows that the unmet needs for assistance cause adverse effects, including the inability to prepare meals, injuries, depression and loss of morale, high rates of hospitalization, increased risk of falling, institutionalization and premature death.

3.2.3 Impact of Linguistic Minority Status on Health Care for Francophone Seniors

With regard to the special situation of older Franco-Ontarians, the survey raises an important fact: the fact of living in minority communities is a factor of health disparity between Anglophone and Francophone seniors. Indeed, the results of the study *La santé des aînés francophones en situation minoritaire: État des lieux de l'Ontario, 2007* show that Francophones are more likely to report poorer health than Anglophones. Unlike women, this disparity is significant among men of the two linguistic groupsmen.

Access to French speaking health professionals is limited, especially in rural areas where some Francophone populations are concentrated. This inaccessibility has an impact on the quality of interactions and trust for a majority of Francophones. Whether because of stress or fear caused by a consultation taking place in English (emotional issue) or because of concerns over costs (travel, accommodation) that may be higher for service in their own language (socio-economic issue), the language issue is a crucial limiting factor.

The low level of literacy and illiteracy, higher among French Canadians outside Quebec than among the general Canadian population, also have their impact on the quality of care received (Bouchard et al., 2010). These deficiencies affect the understanding and communication with health professionals, and possibly the relationship of trust. In fact, the limitations of literacy particularly affect Francophone seniors; insecurity facing the specialized language of medicine adds insecurity linked to linguistic mismatch. The literature shows that the minority/majority language rapport seems to reflect social inequality and inequality in access to resources, to which other social determinants of health (socioeconomic status, education and literacy, immigration) are added, thereby contributing to disparities in health.

Overall, the analyses revealed a weaker socio-economic profile and a more precarious health profile among older adults in the Francophone minority compared to seniors in the Anglophone majority. Poor health is expressed in both men and women of the Francophone minority; although it is structured differently depending on certain variables, Francophone seniors are dissatisfied with the accessibility and quality of services across the province. A needs analysis conducted in 2011 among homeless Francophone seniors and people at risk of homelessness in Ottawa notes that the lack of access to services in French disproportionately affects seniors. Among those whose mother tongue is French, 11.3% of seniors (aged 65 or over) are unilingual Francophones compared to 4.8% of people aged 50 to 65 years (Coalition pour prévenir l'itinérance chez les francophones d'Ottawa, 2011).

3.3 Seniors' Well-Being

Twenty (20) studies were identified under this theme. Eight (8) of these studies were carried out across the province and twelve (12) discuss the topic nationally. These studies point to the challenges faced by older people in society and in their daily life and suggest a number of possible practices to enable this significant and growing proportion of the population to fully participate in their communities, enjoy the same rights as other citizens and live their old age with dignity. These studies focus particularly on attitudes to adopt to enhance the dignity and wealth of seniors, ensure their independence and security, and enable them to reach their full potential.

3.3.1 Challenges of Aging

One of the main concerns affecting the well- being of seniors is the risk of neglect, physical and psychological abuse, and financial abuse. The literature indicates that there are still today many stereotypes about the elderly and that changes are needed in societal attitudes about seniors and aging. Ageism is one of the main obstacles in facilitating active aging. Prejudices and stereotypes about aging unduly diminish the value of older people in society. According to some authors, the manifestations of ageism are observable in several areas, including health care (where the age of a person, rather than general condition, influences the decision to conduct an examination or offer treatment) and the labour market (where the age of a person, rather than experience and skills, influences the decision to hire).

In Canada, data on abuse and neglect inflicted to seniors are very limited and outdated. Due to their nature, these situations are rarely reported. It is therefore difficult to clearly identify the extent of the problem. Studies that have focused on this topic suggest an estimate that between 4% and 10% of seniors in Canada have experienced one or more forms of abuse or neglect by a person on whom they rely (Sinha, 2012). In addition, there is little information on the abuse and neglect suffered by seniors in institutions, although this issue has made headlines following anecdotal information, and although the issue has been the focus of a few studies. Since abuse and neglect take different forms, their effects can affect many aspects of health and well-being of seniors who are victims.

Aging, for Francophones as for the rest of the population, potentially involves loss of mobility, sight and hearing and possible cognitive disorders that have an impact on their health, especially in elderly Francophones who cannot access care in their language close to their home. Loss of autonomy in the face of chronic disease among the elderly causes obstacles to leading a normal life. The disease robs energy and prevents them from going about their own business, walking, and traveling. Psychologically, the biggest obstacle is being away from family and moving into a residence for the elderly. The mistreatment of elderly (psychological and physical abuse, financial abuse and neglect) also constitute obstacles to allowing older seniors to age with dignity. In summary, factors such as isolation, loss of independence, abuse, unhealthy eating habits, difficulties in access to care, higher risk of falls, injuries and certain chronic diseases may adversely affect the satisfaction of basic needs among seniors.

Although efforts have been made in Canada to eliminate ageism, abuse and neglect of the elderly, the problem still seems very present in the health system and in several other areas, and it is taken less seriously than other forms of discrimination (Special Senate Committee on Aging, 2009). Several authors believe that seniors should not be seen simply as a burden but as a great resource. Although most Canadian seniors are healthy, many factors must be prevented, mitigated or better managed. In some cases, transitions and challenges of aging entail a risk, while in other cases, several factors specific to the course of life combine to determine the state of health of a person and how this condition can evolve and influence future well-being.

3.3.2 At-Risk Seniors Groups

Quality of life of seniors in Ontario varies according to their social status. Ontario seniors do not all have the same access to goods and services or the same choices about their health, their housing and their ability to participate actively in society. At present, the economic well-being of some seniors continues to be at risk. Urban and rural areas face different challenges in supporting older people. Certain groups such as single seniors, immigrants and frail seniors face particular difficulties (Special Senate Committee on Aging, 2007).

Women

Women are a vulnerable group because of their low income and better longevity compared to men. They earn less than men for equivalent work. There is also a gender gap in relation to the protection offered by social benefits, since they are linked with employment income. Following a steady decline in the number of seniors living in poverty since the mid-1970s, in 2008 this figure rose to 250,000 people, compared to 204,000 in 2007, an increase of nearly 25%. Women accounted for the majority of the growing number of seniors living in poverty, representing 80% of the increase in poverty among the elderly (Friesen, 2010).

Seniors in Rural and Remote Regions

The young adult population is less than that of the elderly in rural areas, and these communities face major challenges to meet the needs of elderly residents, including providing health services, home care, housing and adequate transportation. In addition, rural communities may offer inadequate services due to their geographic isolation. In 2001, the report of the Romanow Commission (Commission on the Future of Health Care in Canada, 2001) indicated that access to health care in rural and remote communities was a huge problem because of the distance and low retention of health workers. The Kirby Report (Standing Senate Committee on Social Affairs, Science and Technology, 2003) noted that access issues were the biggest challenges of living in rural and remote areas and that people living in these areas were in worse health that city dwellers.

Based on the CCHS, a study focused on the determinants of the use of health services by Canadians aged 55 years and over in a wide range of urban and rural areas. The analysis showed that older rural residents had fewer visits to a general practitioner, specialist or dentist than urban residents. In addition, it was estimated that the number of doctors per thousand rural residents would decrease from 0.79 in 1999 to 0.53 in 2021 (McDonald and Conde, 2010). In addition, seniors in rural communities often have to travel to urban areas to have access to specialists and long-term care facilities. As it is more difficult for them to access these services, seniors may not seek care or services that they need, which can harm their health. Rural municipalities, especially those where the proportion of young workers is decreasing, can have difficulty obtaining the necessary resources to fund new programs and services. It is also possible that rural communities will have to develop alternative options for transportation and accommodation, as urban solutions are not always appropriate in rural areas.

Single Seniors

The number of single seniors (seniors who live alone) has increased significantly over the past two decades. Three quarters of them are women (Special Senate Committee on Aging, 2007). In 2006, just over a quarter (25.7%) of seniors in Ontario lived alone. Single seniors are more isolated and suffer more neglect and abuse from workers in the fields of health care and home care. The lack of support from spouse and family, including the absence of caregivers, can also lead to poorer health. Single seniors are also much more likely to have low incomes. According to Statistics Canada, single seniors had a low-income rate of 15.5% in 2004, compared with 5.6% for all seniors. Unfortunately, the Old Age Security (OAS) and the Guaranteed Income Supplement (GIS) do not allow a single senior to live above low-income cut-offs. In 2004, an elderly person who received the OAS and GIS received $12,239, an amount substantially below the low income cut-off of urban areas. In 2008, low income after tax was $15,538 for urban areas of 100,000 to 499,000 residents, and $18,373 for urban areas of more than 500,000 residents (Statistics Canada).

Immigrants

Immigrant seniors, especially women, have higher poverty rates than Canadian-born elderly. The low income of immigrants reduces their ability to save adequately for their retirement and limits their choice of services, housing and appropriate care. They are also subject to encounter significant barriers to access to health care and other services, barriers resulting from language and cultural differences, low income, discrimination and racism. The Special Senate Committee on Aging (2007) heard testimony on the difficulty some health institutions experienced in adapting to the diversity of needs, diseases and deficiencies of immigrant seniors. Increased vulnerability due to ageism has exposed seniors to many forms of abuse and neglect. Witnesses who appeared before the Committee stated that immigrant seniors are a particularly vulnerable group because of their financial dependence on their sponsor.

Homeless Seniors and Seniors at Risk of Homelessness

Homeless Francophone seniors and seniors at risk of homelessness experience several difficulties that keep them homeless or put them at risk of losing their home (Coalition pour prévenir l'itinérance chez les francophones d'Ottawa, 2011). Homelessness is often a multicausal phenomenon:

- As seniors, they are more at risk than the general population of homeless people;
- As individuals who are homeless or at risk of homelessness, they face more exclusion than seniors in the general population;
- As Francophones, since they are a linguistic and cultural minority, they face other historical disadvantages, an increased risk of isolation and reduced access to services compared to the general population;
- As couples, they are separated in shelters (and homeless couples without children are not considered a family).

Furthermore:

- Those who are also elderly immigrants or people from "racial" communities face additional factors of exclusion related to discrimination, immigration status or the circumstances of their settlement process;
- Those who live with a disability, whether previously existing or an effect of aging, are confronted with additional challenges and risks;
- Women in this group face additional risks, particularly with respect to lower average wages and concerns related to safety.

3.3.3 Measures to Address These Challenges

Age-Friendly Communities

The policy framework of the World Health Organization (2002) defines active aging policies as serving to maximize opportunities for health, participation and security in order to enhance the quality of life in old age. The approach is based on the principles of independence, participation, dignity, care and self-fulfilment, as endorsed by the United Nations, and acknowledges the influence of gender, experience and culture on aging.

Studies emphasize that promoting active life must be supported by reflection and measures to tackle issues such as urban development, transport and housing. Cities, towns and villages should be better adapted to the needs of seniors, i.e. they must be organized to allow seniors to get where they need and want to go to participate in recreational, social and community activities, and to access support services they need (Special Senate Committee on Aging, 2008). The document *Age-Friendly Rural and Remote Communities: A Guide* (Federal, Provincial and Territorial Ministers Responsible for Seniors, 2006) aims

to help these communities identify common obstacles; it also aims to promote dialogue and action for the development of suitable cities for seniors.

Age-friendly communities can meet the challenge of aging, facilitate active participation of seniors in all spheres of society, foster health, create a sense of security and preserve the dignity of seniors.

The characteristics of a friendly community are as follows:

- External spaces and government buildings that are comfortable, clean, safe and physically accessible;
- Public transport that is accessible and economical;
- Affordable housing in good locations, that are well built, well designed and safe;
- The possibility for the elderly to participate in social, cultural, spiritual and recreational activities with people of all ages and cultures;
- Elderly who are treated with respect and included in the daily life;
- Opportunities for employment and volunteering in harmony with the interests and skills of older persons;
- The availability of communication and information tailored to seniors;
- Community support and health services tailored to meet the needs of the elderly.

Age-Friendly Communication

In its guide to communicating with the elderly, the Public Health Agency of Canada (2010) indicates that the quality of communication with older audiences contributes to how the various service providers accurately meet customer needs. Business operators, people running a government program serving seniors or an organization providing health information, and people working with a social service agency that helps the elderly must be well equipped to communicate clearly and effectively with elderly clients.

According to the authors of the guide, communicating with seniors offers the same opportunities and poses the same challenges when it comes to communicating with other diversified and changing audiences. Unintended messages can be just as powerful a planned communication. As stated by the Alberta Council on Aging, the tailoring of services to seniors requires consideration of their needs and respect of their contributions. It is a matter of courtesy, common sense and justice.

The guide says it is important for service providers and business owners not to try to persuade seniors they are doing them a favor. Rather, opting for appropriate communication to seniors is logical and favorably affects the success of businesses or programs: Seniors, like everyone else, make choices based on their satisfaction. They trust the stores and businesses that meet their needs and they are loyal customers when they are well served.

Housing and Transportation

The Special Senate Committee on Aging (2007) states in its first interim report that appropriate services and infrastructure can help seniors enjoy full independence and quality of life as they age. Seniors need a wide range of options in terms of housing, taking into account their preferences and their physical, mental and social needs. In addition, access to transportation can truly help them maintain their independence, their social networks and their quality of life. The National Advisory Council on Aging has recommended an increase in funding of affordable housing units and in public transit in both rural and urban areas. Housing and transportation are the key to the independence and social participation of seniors.

Education and Awareness Programs

The literature reports many national initiatives to fight against the neglect and abuse of seniors. In 2008, the Government of Canada announced that, under the Federal Elder Abuse Initiative, $13 million were to be invested over three years to raise the awareness of seniors, their families and professional groups on elder abuse. In its annual report on the state of public health in Canada in 2010, the Chief Public Health Officer of Canada indicated that to ensure the success of education and awareness programs, it is essential to provide information that helps reduce stereotyping and discrimination based on age and to target different population groups.

According to this report, programs mainly devoted to seniors are important for two reasons: They help seniors evaluate their own situation and they help identify situations of abuse between peers. Programs for seniors must provide information, eliminate stigma and shame and identify opportunities available to them to be active and take part in activities in their community (e.g. as mentors and leaders). In addition, these programs must take into account cultural diversity in the elderly population.

3.4 Health Care and Housing Needs

In this category, thirty-five studies were identified, of which five (5) discuss the theme across the province and (30) nationally. These studies analyze the housing needs of seniors and focus, among other things, on their use of hospital care, home care, supportive housing and long-term care.

3.4.1 Seniors and Housing

The 2011 Census indicated there are almost 5 million (4,945,000) people aged 65 years and over in Canada. Among them, 92.1% lived in a household or private dwelling (as a couple, alone or with others), while 7.9% lived in collective dwellings, such as a residence for the elderly or a facility offering health care and related services. These proportions were relatively unchanged from 2001, when 92.6% of seniors lived in private households and 7.4% lived in a collective dwelling (Statistics Canada, 2012).

In urban centers as in rural areas, many seniors own their home; it is often their largest asset when they retire. Among all age groups, Canadians aged 55 to 64 years have the highest rates of home ownership. Approximately 78% of households whose main income earner belongs to this age group own the dwelling in which they live. According to the 2006 Census, the vast majority (93%) of people aged 65 years or over live at home (Canadian Institute for Health Information, 2011b).

Approximately 85% of Canadians over the age of 55 want to live in their current home as long as possible, even if their health deteriorates (Canada Mortgage and Housing Corporation, 2008). Because these houses are often old, other costs (maintenance costs and utilities) are higher compared to those of newer homes. While some seniors recognize that their house is not very functional for their age, they do not often have the means to afford the changes and adaptations that would improve their living conditions.

Surveys conducted with groups of seniors report that a number of seniors know of government grants to renovate parts of their home for accessibility and mobility, but the information on these programs administered by the federal or provincial governments is less known by many of them (Federal, Provincial and Territorial Ministers Responsible for Seniors, 2006).

Many older people will choose nursing homes or other housing types as they age or as their incomes fall. The rate of home ownership decreases with age and drops to 67.9% in the case of households whose main income earner is 75 years old or older (Lin, 2005).

Research indicates that the preference of seniors to live as long as possible in their homes requires from developers that they offer a full continuum of housing options, including different locations, housing forms, types of occupation, housing conditions and service lines that will allow seniors to continue to live independently and participate in community life as long as they can (Canada Mortgage and Housing Corporation, 2012a).

Other seniors choose to move into a smaller home or to another community to move closer to leisure activities. Seniors who participated in the focus groups as part of the Age-Friendly Rural and Remote Communities Initiative noted that rental housing units are generally detached houses, townhouses, duplexes, apartments or small residential buildings. New homes for rent are not always economically viable in most rural communities, mainly due to the limited local market, risky economic conditions and a limited construction industry (Federal, Provincial and Territorial Ministers Responsible for Seniors, 2006).

Canada's seniors' housing market is growing rapidly and is changing. The demographic profile of the population changes, and there are more options available to developers (Canada Mortgage and Housing Corporation, 2012d). According to studies in the field, a large number of seniors postpone moving into a long-term care facility or supportive housing as long as possible. However, as they age, their use of the car will decrease, which suggests that they will need housing types that facilitate walking and that are located in areas served by other modes of transportation.

Across the country, the new needs and preferences of older people are not the only factors influencing the housing market for seniors. External changes also come into play. These include the architectural evolution of buildings that comply with the principles of sustainable development and new opportunities in terms of their environmental effectiveness, changing concepts of community planning, such as age-friendly cities that are attracting more and more interest, and economic factors that impact on the lives of seniors. Availability, choice and the cost of housing are all important factors for aging people. The absence or lack of housing options for seniors, including independent living, assisted living and those offering long-term care, is also an important barrier for older people in rural and remote communities (Federal, Provincial and Territorial Ministers Responsible for Seniors, 2006). Housing providers need to consider better ways to attract residents, possibly by providing additional services (such as transportation) in rural areas where service levels are low, or by creating environments that promote social interactions in urban residential developments.

3.4.2 Use of Hospital Care by Seniors

People aged 65 years or more make up for an increasing proportion of the Canadian population. The literature reports that from 1986 to 2010, the number and proportion of seniors in Canada increased respectively from 2.7 to 4.8 million and 10% to 14%. In addition, as young adults move to the cities to find work, it is expected that rural areas will have higher proportions of elderly, although the majority will continue to live in urban centers. The aging of population in rural areas is likely to be accentuated by the fact that the majority of immigrants continue to settle in urban areas.

Today, Canada's seniors live longer and have fewer disabilities than in previous generations. However, the majority of seniors have at least one chronic disease. Indeed, the *Canadian Survey of Experiences with Primary Health Care* reported in 2008 that about three out of four seniors in Canada (76%) said that

they were suffering from at least one of eleven chronic diseases mentioned in the investigation[4], compared to one in two (48%) in the age group 45 to 64 years.

In 2003, the needs of the elderly accounted for over 44% of health related expenses of all provincial governments and 90% of expenditures in residential long-term care[5]. The literature suggests that compared to other age groups, the elderly use a disproportionate number of hospital services. Not only do they use hospital services more often than people of other age groups, but they are also using them differently. In 2009-2010, people aged 65 years and over accounted for 40% of hospital stays for acute care while they accounted for only 14% of the population. Overall, the use of inpatient services, including acute care, complex continuing care and rehabilitation care, were significantly higher in the elderly than in other adults (Canadian Institute for Health Information, 2011b).

In addition, the use increases with age for all types of care except outpatient care. Seniors are heavy users of hospital services and hospitalizations last longer. They are heavy users of hospital services, not only because of the number of visits, but also because of the amount of resources used during these visits. The overall average length of stay of elderly people in acute care is about 1.5 times that of other adults (9 days and 6 days respectively). The same can be said of the use of emergency services, as the median stay of elderly people is 4 hours while it is 2.5 hours for other adults.

In 2008-2009, Ontario emergency services attributed to seniors 9% of all visits for conditions requiring ambulatory care, compared to 3% for other adults. Compared with younger adults, elderly persons are also much more likely to take prescription medication and consult their family doctor. The study *La santé des aînés francophones en situation minoritaire : État des lieux de l'Ontario* (Bourbonnais, 2007) reveals a weaker socio-economic profile and a more precarious health profile among Francophone seniors than among Anglophones. According to this analysis, seniors are dissatisfied with the accessibility and quality of services in the province.

3.4.3 Use of Home Care Services by Seniors

As they age, many older people begin to suffer from various, progressively more complex health problems. The number of chronic conditions, rather than age, determines the increased use of primary health care by the elderly. Home care helps frail seniors to live independently. According to the literature, they are a cost effective alternative compared to hospital care and long-term care, and a critical component of the management of chronic diseases.

At any time throughout the country, more than one million Canadians receive home services. The majority of them (82%) are aged 65 years or older. *Portraits of Home Care in Canada 2013* (Canadian Home Care Association, 2013) reports that, 1.4 million Canadians received home care in 2011, an increase of 55% compared to 2008. Nationally, one out of every six seniors receives home care, and given the increase in the number and proportion of older people in the Canadian population, researchers believe that the need for home services will certainly increase in the coming years.

Studies show that single seniors and older people with physical or functional limitations are more likely to receive home care. The same goes for elderly people whose main source of income came from a form

[4] The eleven chronic conditions mentioned during the survey were: arthritis, asthma, cancer, chronic pain, depression, diabetes, emphysema or chronic obstructive pulmonary disease (COPD), heart disease, high blood pressure, mood disorders other than depression, cerebral vascular accident.

[5] Every year, the Canadian Institute for Health Information releases *National Health Expenditure Trends*, including data going back to 1975. See http://www.cihi.ca.

of social assistance, when compared to those whose income came mainly from another source. In Ontario, the delivery of home care and community care is generally organized around the provincial network of fourteen (14) Community Care Access Centres (CCACs) and 644 community support agencies. During the last decade, funding for CCACs increased by 69% while the number of clients they serve has grown 83% (Sinha, 2012). In 2011, the services provided by CCACs included:

- 20 million hours of personal care provided by personal support workers;
- 6 million visits by nurses who worked 1.7 million nursing quarters;
- 1.2 million visits by therapists;
- 0.4 million visits by other allied health professionals such as social workers, nutritionists, psychotherapists and providers of respite care;
- 2.1 million visits of coordinators who oversaw all care.

According to the 2009 *Canadian Community Health Survey – Healthy Aging*, among the elderly receiving home care, help with household chores (including maintenance) was the most common type of care (18%), followed by transportation assistance (15%) and food preparation (10%). Those who had received medical care or personal care, two categories associated with a high degree of dependency to services, were more likely than others to have received help in at least one other type of care.

Among a sample of 131,000 home care clients aged 65 years and over, only 2% were doing without a caregiver. Caregivers brought emotional support as well as assistance with a wide range of activities of daily living such as the preparation of meals, medication management, shopping, dressing, bathing and washroom use, and moving within the house.

Approximately 97% of all recipients of home care services have a caregiver; in about one third of cases, it is the spouse, and in almost half of cases, children or spouses of children. Caregivers are often on call day and night, which can cause a lot of stress. Nearly 17% of all caregivers of seniors reported experiencing distress associated with their role; this represents more than 24,000 caregivers in distress in Ontario and Yukon only. Although there are various tax credits and support programs for caregivers, such measures are sometimes insufficient to meet their real needs, or worse, remain unknown to them.

According to an analysis of home care programs and services in rural and remote areas conducted by the Canadian Home Care Association (2006), the main challenges facing all program managers are the lack of human resources, the lack of support systems and local resources, limited means of transportation and the need to travel long distances for long hours to see very few patients.

The Canadian Home Care Association (2013) identified ten provinces and territories that implement specific programs to help frail seniors to live at home independently. CHCA recommends that federal, provincial and territorial governments develop programs and initiatives in order to ensure that home care is an essential component of an integrated system of person-centered care. CHCA focuses on four recommendations to help governments and stakeholders achieve this goal:

- Fulfil their commitment to long-term care and chronic home care by increasing the percentage of funds allocated to home care;
- Support the critical role of caregivers through programs that protect their health, reduce their financial burden and provide them with information and resources;
- Agree on a set of standardized principles for home care and adopt them to achieve national consistency while respecting the important differences between provinces and territories;
- Establish meaningful indicators and effective measurement systems for verifying the effectiveness, quality and accountability of home care services.

The report clearly shows that the home care sector plays an essential role in meeting the needs of Canadians through better care, better outcomes and better quality. In a study entitled *Elements of an Effective Innovation Strategy for Long Term Care in Ontario*, the Conference Board of Canada (2011) indicates that at present, the demand towards the public long-term care system exceeds its capacity. In addition, if no changes are made to how home care and community care are provided, there will be a need to triple the number of long-term care spaces over the next 20 years.

3.4.4 Use of Supportive Housing by Seniors

Few studies identified in the literature review address this issue. *Health Care in Canada 2011: A Focus on Seniors and Aging* (Canadian Institute for Health Information, 2011b) presents the following information on housing.

The term *supportive housing* refers to a broad category of housing, which is referred to by several names. It is neither a completely autonomous living environment nor a health care facility. Supportive housing or assisted living combines permanent housing and access to support services. It may include meals, help with bathing or available nursing services. Supportive housing offers an intermediate level of care tailored to the needs of many Canadian seniors.

Ideally, in addition to accommodation, supportive housing provides access to a comprehensive and coordinated set of services (home help and personal care) and to community programs that are crucial to health and well-being. Supportive housing is a relatively new milieu of designated care which aims to provide an appropriate level of care for the elderly so that they can continue to live in the community (Jutan, 2010).

There are various types of supportive housing, including apartments, group homes and multilevel facilities. They can be owned and operated by municipal governments or non-profit groups as well as by the private sector. Some units are subsidized by the government, so they are generally more affordable than residential care accommodation.

Few studies have evaluated the costs, benefits and outcomes of supportive housing models in Canada. However, these environments offer potential benefits for the well-being and quality of life, as they offer:

- Nutritious meals daily;
- Opportunities to socialize;
- Opportunities to participate in physical activities;
- Access to health services in the community.

Supportive housing can also reduce the number of emergency department visits and the number of hospitalizations and admissions to long-term care services.

According to the Canada Mortgage and Housing Corporation (2012f), 202,091 seniors lived in the 2,586 residences included in the survey universe in Canada. There were 204,496 spaces in these homes throughout the country. The vast majority (81.8%) were standard spaces[6]. In these homes, the vacancy rate for standard spaces remained relatively stable in 2012 compared to 2011: it changed from 10.7% to 10.6%. In 2012, the average monthly rent for bachelors and private rooms including at least one meal a

[6] According to CMHC, a standard space is one which is occupied by a resident paying market rent and who does not receive heavy care (defined as 1.5 or more hours of care per day). A non-standard space is one in which the residents are receiving heavy care, spaces being used for respite, and non-market spaces.

day amounted to $1,966, while it stood at $1,903 in 2011. The lowest rent ($1,410) was recorded in Quebec and the highest ($2,699) in Ontario.

According to the *Seniors' Housing Report – Ontario* (Canada Mortgage and Housing Corporation, 2013), the vacancy rate of spaces dropped for three consecutive years. The vacancy rate for standard spaces decreased from 14.4% in 2012 to 13.4% in 2013. Vacancy rates declined in all categories except for those spaces located in common areas and in rooms with two beds. The total supply of spaces in homes for the elderly grew moderately and reached 51,800 units in 2013. Capture rates decreased slightly from 5.2% in 2012 to 5.1% in 2013 and the average monthly rent increased 4.5% to $3,204. The report states that in 2013, 48,000 Ontarians lived in homes for the elderly, an increase from 47,200 in 2012. The proportion of couples among the residents did not increase this year, despite a higher proportion of occupied apartments. The following table summarizes these data.

Table 6: Vacancy rate (%) of standard spaces according to type of unit, Southwestern Ontario, 2012 and 2013

Semi Private & Ward		Private/Studio		One Bedroom		Two Bedroom		Total	
2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
22.4	27.4	13.5	14.2	16.7	16.8	13.9	14	14.8	15.6

Source: Canada Mortgage and Housing Corporation (2013).

3.4.5 Use of Long-Term Care by Seniors

The aging of the population is the subject of increasing attention from many researchers. It is important to know that aging affects Francophone minority communities more heavily. Indeed, the population aging is more pronounced among Francophones in all provinces of Canada. Statistics report that the aging index[7] of Francophones in Ontario rose from 1.29 in 2006 to 1.44 in 2011, an increase of 0.15, whereas this increase was only 0.8 for the Anglophone community (0.56 in 2006 and 0.64 in 2011) (Forgues et al., 2012). However, the literature review reveals that little research has been conducted on the subject of aging issues in Francophone minority communities, on housing options for Francophone seniors and on the access of Francophone seniors to long-term care homes.

Many studies report that the option of home care best matches the desire of older people across the country. Public policy supports this option; the Ontario government's Aging at Home (AAH) Strategy and the Home First initiative are good examples of current policy. Although aging at home is considered ideal by most seniors and their families, some seniors will choose, out of necessity or freely, to reside in residential long-term care. These seniors will also need support for aging positively and actively. There are various formal and informal support services in the community to help older people maintain their independence. These measures may be sufficient to allow seniors to remain in their homes in many cases, but sometimes they are not.

With age, elderly persons have increasing difficulty to accomplish everyday tasks and especially to move around. Simple tasks like turning on the light, taking a bath, phoning someone, plugging the vacuum cleaner or taking an elevator eventually constitute "repeat prowesses" for aging people. Affordable and accessible housing and the ability to age in the desired environment are essential to the quality of life of

[7] The aging index is calculated as follows: population aged 65 years and over / population aged 0 to 14 years.

older people. However, the health of some seniors (loss of independence due to illness), changed circumstances (such as the loss of a spouse, having no children, reduced income, lack of access to services) as well as practical considerations related to the size of a house, its layout and requirements for maintenance can prevent seniors from living in their home. These conditions can then encourage or force seniors to move.

The literature indicates that in Ontario, there are nearly 634 long-term care homes totaling approximately 78,000 beds and providing services to more than 112,000 people per year. The occupancy rate of these homes is 99% at all times and about 20,000 people are waiting to receive long-term care (Sinha, 2012). Assuming that the population of Ontario will continue to grow and the need for care will follow, the *Living Longer, Living Well* report projects that nearly 238,000 adults may need levels of care currently offered by long-term care homes by 2035. According to some estimates, the need for long-term care in Canada could be in the range 565,000 to 746,000 beds by 2031 (Canadian Union of Public Employees, 2009). If Ontarian seniors are offered no other options for care and housing with support services (often more profitable), there will be a growing gap between supply and demand for long-term care.

The 2012 *Living Longer, Living Well* report states that the long-term care sector in Ontario is now at a crossroads and that the sector's services must adapt to the changing needs of the elderly. Indeed, long-term care homes were designed for the sole purpose of providing long-term care environments for people who need care and ongoing support and for people who can no longer rely on family members or on home and community care to meet their needs at home. The changing needs and preferences of Ontarians may require a change in the sector's image. To this end, in its report entitled *Why Not Now?*, the Long-Term Care Innovation Expert Panel (2012) emphasizes the need to give a new image to the sector since long-term care homes now offer much more than simple institutional long-term care and should continue to do so.

The access of minority Francophone seniors to long-term nursing homes is a very real problem. However, few studies have investigated this issue, whether nationally or provincially. The *Fédération des aînées et aînés francophones du Canada (FAAFC)* has even made this a research priority following discussion at the second Health Forum organized by the CNFS (national health training consortium) in 2007. The FAAFC has identified five research priorities (reported in Forgues, Doucet and Guignard Noël, 2011):

- Aging at home;
- Access to long-term services;
- Health and quality of life of seniors;
- Health promotion and disease prevention;
- Mental health among Francophone seniors.

However, the literature shows that the language of services in nursing homes is not the subject of a formal planning effort leading to measures designed to meet the needs of Francophone seniors. The report, entitled *La prise en compte de la langue dans les foyers de soins pour personnes âgées* (Forgues et al., 2012) reported that very few nursing homes in the three provinces under study (Ontario, New Brunswick and Nova Scotia) have a section for Francophone residents. Activities and services are conducted primarily in English. On occasions like Christmas or National Acadian Day, the menu can be adapted to the Acadian and Francophone culture.

Aside from documentation – provincial governments can offer documents in both languages – displays and communication are in English. In predominantly English-speaking facilities, language is not taken into account in the organization of services. Hiring policies do not take into account the French language

skills of candidates, and several employees interviewed for this study are pleased with this situation. If employees are bilingual, they can provide services in French. The offer of services in French in these homes is often coincidental rather than the result of planning.

The state of affairs leads to believe that stakeholders prefer to keep the linguistic dimension unadressed. Residents and their caregivers do not formulate requests as they fear they may raise sensitive language issues. They fear that this will cause negative consequences for Francophone seniors living in these facilities. Francophone residents are mostly bilingual and agree to switch from French to English, according to the language of employees who are assisting them.

3.5 Health Professionnals

Documents grouped under this theme study the need for human resources in the health sector, for the general population and seniors in particular. Sixteen (16) documents were reviewed in this category. Seven (7) documents addressing the issue are provincial in scope, and nine (9) are national.

The well-being and quality of life of older people necessarily require the skill, professionalism, respect and empathy of health professionals. Human resources are a key factor in access to quality health care and services in French. The availability of human resources in sufficient numbers is a major challenge for health systems in the country. However, the literature shows that when health care institutions and health professionals do not have the cultural skills needed to serve a given population, access to services is poor, the quality of care tends to decrease and ultimately the health of the population declines.

The provincial report *Setting the Stage* (Réseaux de santé en français de l'Ontario, 2006)[8] noted the principal needs of the local Francophone population regarding primary health care. In all regions of the province, there are significant variations in the availability of health services in French, there is a lack of bilingual health professionals, difficulties in recruiting and retaining bilingual professionals, a lack of coordination and referral to maximize the use of these services by Francophones, and a lack of relevant monitoring.

The report also indicates that human resources are a key element in improving access to health services in French. It is reported that there is a shortage of health professionals everywhere in Southern Ontario. Family physicians, nurse practitioners, nurses, speech therapists and social workers are the most commonly stated occupations. The lack of information on existing Francophone human resources and the inadequate use of human resources is another aspect of the problem. Indeed, French speaking professionals are not well referenced and there is no formal mechanism for coordination, referral or matching.

Furthermore, it is reported that in Ontario, the doctor/patient ratio (by first official language spoken) is 1 doctor for 138 Francophone patients. There is 1 Francophone general practitioner or family physician for every 297 Francophone patients, and doctors are located mostly (91.4%) in Southern Ontario, where the ratio is 1 doctor for 111 Francophone patients. The Francophone doctor/Francophone patient ratio is most favorable in Southern Ontario (1/248 for general practitioners and family physicians, and 1/1,202 for other specialists) and in urban areas (1/266 for general practitioners and family physicians and 1/1,209 for other specialists) (Gauthier et al., 2012).

[8] The four French-language health networks are: Réseau francophone de santé du Nord de l'Ontario, Réseau de santé en français du Moyen-Nord de l'Ontario, Réseau franco-santé du Sud de l'Ontario and Réseau des services de santé en français de l'Est de l'Ontario.

The report *Regulated Nurses: Canadian Trends – 2007 to 2011* (Canadian Institute for Health Information, 2012a) reported that the regulated nursing workforce in Ontario grew by 7.7% from 2007 to 2011 to a total of 126,169 regulated nurses. The number of regulated nurses in the province for every 100,000 residents increased from 915 in 2007 to 943 in 2011. In 2011, 13.6% of the regulated nursing workforce was aged 60 years or over, compared to 11.1% across Canada. In 2011, 66.4% of regulated nurses worked full-time, compared to 61.3% in 2007. Among the 114,011 graduates of nursing programs in Ontario working in Canada in 2011, 93.3% were employed in the province, while 2.3% were employed in British Columbia, 1.8% in Alberta and 0.5% in Manitoba. The report does not contain any information on nurses who can deliver services in French.

The *Société Santé en français* (2013), in its report *Destination santé 2018: qualité, sécurité et mieux être en français*, argues that the provision of services in French may decrease in the future due to an anticipated shortage of human resources and planned cuts in programs. In addition, the capacity of the health system to identify and match staff who speaks French with Francophone clients is limited, and the demand for services in French will be on the rise due to the aging of Francophone communities.

The Age-Friendly Rural and Remote Communities Initiative (Federal, Provincial and Territorial Ministers Responsible for Seniors, 2006) identified the shortage of health professionals as an important problem for seniors in many Ontario communities. Although a wide range of services has been developed to help seniors, many of these services (meal delivery, specialized transportation, home care, family support, respite care, advice and information) are not available or are much too expensive in many rural and remote communities.

The literature shows that nursing aides and personal care workers play an important role in the management and delivery of services to seniors, in hospitals and housing facilities as well as in the home care sector. However, due to several factors, it is difficult to accurately estimate the number of professionals working in Ontario. According to data from Health Canada, about 100,000 people work as personal care workers or perform similar roles in Ontario. This figure is derived from various information sources, including reports on long-term care facilities, the websites of employers and associations, and other relevant studies. The Health Canada data also show that the sector is growing rapidly and has a low unemployment rate (Health Professions Regulatory Advisory Council, 2006).

According to census data, about 98% of nursing aides and personal care workers worked in the area of health care and social assistance in 2006, especially in nursing homes and long-term care homes and private homes for the elderly (53%) and in hospitals (41%). Between 1991 and 2006, their number has increased only slightly in hospitals, while it has more than doubled in the nursing home and private residences for the elderly[9].

4 Conclusion of the Literature Review

Studies indicate that Francophones outside Quebec have poorer health outcomes than non-Francophones. This could be due to social status, cultural differences in lifestyle and attitudes, or language and cultural barriers to health care. Across the country, Francophone minorities have historically limited access to health services in French. Over the past two decades, there has been considerable progress in the field of health services in French in Ontario. Francophones' rights advocacy initiatives and the ability to train health professionals in French in the province have contributed to this

[9] Reported by Service Canada: http://www.servicecanada.gc.ca/eng/qc/job_futures/statistics/3413.shtml

progress. Despite these advances, studies show that the need for health services in the minority official language remains important.

The literature reviewed shows that Francophone seniors in Ontario are similar to seniors in general in terms of health needs and are similar to other seniors living in Francophone minority communities in terms of access to French language health services. The literature reports that today's seniors are healthier and live longer than the previous generation. This can be explained by the fact that the elders of the previous generation were born during a period when the rights of Francophones in matters of health care, education, justice, etc. were not recognized. Moreover, these people were less educated and less affluent than Anglophone seniors (the level of education and income are important determinants of health).

Studies also show that language plays an important role in the delivery of health care. It provides a clear and efficient communication between patient and health professional, but there is also a natural connection that comes spontaneously when interlocutors share the same language. Bowen (2001), in her study entitled *Language Barriers in Access to Health Care*, talks about the importance of language and cultural barriers, emphasizing that people are more likely to express their concerns, ask questions and follow the recommendations relating to health when they established a good relationship with their health care providers.

Statistics show that the effect of aging on Ontario communities will be profound. Organizations, stakeholders, regions and municipalities will work in partnership to create communities capable of providing adequate support to seniors. Seniors who choose to remain in their home have different needs from those in need of home care or long-term care. To reduce health care expenditures and enable Ontarians to age in good health and remain independent and active, neighborhood design, organization of transport and housing services and the modes of delivery of other programs and services for seniors should be extensively planned.

Aging is more pronounced in Francophone minority communities. Statistics report that the aging index of Francophones in Ontario rose from 1.29 in 2006 to 1.44 in 2011, an increase of 0.15, while this increase is only 0.8 for the Anglophone community (0.56 in 2006 and 0.64 in 2011). The majority of seniors in the province want to live as long as possible in their current home. For Francophone communities in rural or remote areas, access to health care and social services is more difficult than for communities living in large urban centers. It follows from these findings that the needs for health care and housing are increasing and will continue to increase for Francophone seniors over the next three decades. To better meet these needs, it is important to strengthen the areas of home care and community care, housing for seniors and long-term care homes. Strategies to increase the number of Francophone and bilingual professionals also need to be explored in this context.

Section III – Demographic Analysis

This section presents a demographic profile of Francophone communities in the Entity's region, i.e. the territory served by the Erie St. Clair LHIN and the South West LHIN.

1 Highlights of Demographic Analysis

The analysis draws on data from Statistics Canada using the *first official language spoken (FOLS)*. The method used to determine this variable takes into account knowledge of official languages, mother tongue, and finally, home language.

In the analysis of Statistics Canada data, unless otherwise specified, the term *Francophone* includes people who have French only as first official language spoken (French FOLS) and those who have both English and French as FOLS (English and French FOLS). This method is similar to Ontario's *Inclusive Definition of Francophone (IDF)*. When dealing with statistics on income, it is not possible to combine these two linguistic groups; the analysis focuses on people with French only as FOLS.

First Official Language Spoken

The regions served by the Erie St. Clair and South West LHINs total 29,525 people who have French as their first official language spoken (FOLS), alone or with English (1.9% of the total population of 1,526,335 people).

- The Erie St. Clair region has 18,350 people who have French as FOLS, alone or with English (3.0% of the total population).
- The South West region has 11,175 people who have French as FOLS, alone or with English (1.2% of the total population).

The Francophone population of both regions is aging more rapidly than the English-speaking population, and the Francophone population of Erie St. Clair is aging more rapidly than the Francophone population in the South West.

- In both regions combined, 24.1% of the Francophone population is aged 65 years and over, compared with 15.5% in the Anglophone population.
- In Erie St. Clair, 27.7% of the Francophone population is aged 65 years and over, compared with 18.3% in the South West.

In both regions combined, there is a total of 7,125 individuals aged 65 years and over (3,905 women and 3,205 men) who have French as their first official language spoken (FOLS), alone or with English.

- Erie St. Clair has 5,080 Francophones 65 years and over (2,775 women and 2,290 men), including 3,505 in the Essex census division.
- The South West has 2,045 Francophones 65 years and over (1,130 women and 915 men), including 1,055 in the Middlesex census division.

Home Language

In both regions combined, there is a total of 30,330 people (13,345 men and 17,025 women) who speak French at least regularly at home (2.0% of the total population). Approximately 22% of seniors who speak French at least regularly at home do not have French as their mother tongue.

Erie St. Clair has a total of 18,145 people (8,105 men and 10,045 women) who speak French at least regularly at home (3.0% of the total population). Approximately 16% of seniors who speak French at least regularly at home do not have French as their mother tongue.

The South West has a total of 12,185 people (5,240 men and 6,980 women) who speak French at least regularly at home (1.3% of the total population). Approximately 36% of seniors who speak French at least regularly at home do not have French as their mother tongue.

Income

In 2011, the Windsor census metropolitan area (CMA), among people aged 65 years and over, median income of Francophones ($28,435) is comparable and average income ($33,637) is slightly lower than that of Anglophones by about 5%. Among men 65 and over, the trend towards lower income is more significant (about 10%). Among women in the same age group, the income of Francophones is slightly higher than that of Anglophones by about 8%.

In the London CMA, Francophones aged 65 years and over have a lower median income ($22,252) than Anglophones by about 21%, and the average income ($31,185) is lower by approximately 17%. Among men, the difference is about 10%. Among women, the difference is more pronounced, at approximately 18%.

Thus, there is a marked difference in the incomes of Francophones and Anglophones and among people aged 65 years and over in both CMAs. This trend is true for both men and women in Windsor, while it is true for men only in London.

Immigration

Overall, for all urban areas of both regions combined (CMAs and census agglomerations - CAs), there are 198,025 immigrants, of which 4,840 have French as their first official language spoken (FOLS), alone or with English.

The Francophone immigrant population (18.7%) is proportionately as important as in the English-speaking community (16.7%). The relative proportion of immigrants who arrived in 2001 or afterwards is greater among Francophone immigrants (40.2%) than among English-speaking immigrants (22.5%). However, the proportion of newer immigrants within each linguistic group is similar for those aged 65 years and over (1.5% and 2.2% respectively).

- The Windsor CMA has 2,520 immigrants who have French as FOLS (21.3% of the French population), 335 of whom are aged 65 years and over (10.4% of Francophone seniors).
- Leamington (CA) has 135 immigrants who have French as FOLS (19.3% of the French population), with none aged 65 years and over.
- Chatham -Kent (CA) has 85 immigrants who have French as FOLS (3.6% of the French population), of which 40 are aged 65 years and over (5.3% of Francophone seniors).
- Sarnia (CA) has 100 immigrants who have French as FOLS (5.0% of the French population), of which 35 are aged 65 years and over (5.5% of Francophone seniors).
- The London CMA has 2,000 immigrants who have French as FOLS (25.5% of the French population), 245 of whom are aged 65 years and over (23.7% of Francophone seniors).
- The Ingersoll, Woodstock, Tillsonburg, Stratford and Owen Sound CAs have a total of 1,070 Francophones, 270 of whom are aged 65 years and over. The National Household Survey data indicate that there are no French speaking immigrants in these areas.

2 Methodology

2.1 Geographic Scope of Analysis

The study focuses on the Erie St. Clair LHIN and South West LHIN territories. Geographical limits may vary depending on the source of the data used in various parts of the study.

- Administrative data of each LHIN directly correspond to the territory under their administration. In general, no linguistic variable is available.
- The Statistics Canada data were grouped to match with the boundaries of each LHIN using census divisions (CDs), census metropolitan areas (CMAs) and census agglomerations (CAs). However, Statistics Canada publications and analyses do not always give a complete picture for all jurisdictions. Linguistic variables are often available, but not throughout the territory and in all analyses.
- The Canada Mortgage and Housing Corporation (CMHC) defines the region of Southwestern Ontario as the entire territory served by the two LHINs. Data is grouped by county, with a sub-division by urban area for Essex County in some cases. Linguistic variables are not available.

ERIE ST. CLAIR LHIN

Map: http://www.lhins.on.ca/uploadedFiles/Shared_Elements/lhin_map_1.pdf

The territory of the Erie St. Clair LHIN includes three (3) census divisions - Chatham-Kent, Essex and Lambton - and four (4) urban areas, including the Windsor census metropolitan area.

Table 7: Geographic units, Erie St. Clair LHIN region

Census divisions (CDs)	Census metropolitain areas (CMAs) and Census agglomerations (CAs)
Chatham-Kent (3536)	• Chatham-Kent (556) CA
Essex (3537)	• Leamington (557) CA • Windsor (559) CMA
Lambton (3538)	• Sarnia (562) CA

SOUTH WEST LHIN

Map: http://www.lhins.on.ca/uploadedFiles/Shared_Elements/lhin_map_2.pdf

The South West LHIN's territory covers a large area of southwestern Ontario, from Lake Erie to the Bruce Peninsula. It includes the entire census divisions of Bruce, Elgin, Huron, Middlesex, Oxford and Perth, about 95% of the Grey CD, and about 12% of the Haldimand-Norfolk CD. The territory also includes six (6) urban areas, including the London census metropolitan area.

The Haldimand-Norfolk CD is excluded for the purposes of this analysis. If the Francophone population is evenly distributed across this county's territory, this excludes approximately 130 Francophones (FOLS), 40 of which are aged 65 years and over.

Table 8: Geographic units, South West LHIN region

Census divisions (CDs)	Census metropolitain areas (CMAs) and Census agglomerations (CAs)
Perth (3531)	• Stratford (553) CA
Oxford (3532)	• Ingersoll (533) CA • Woodstock (544) CA • Tillsonburg (546) CA
Elgin (3534)	• London (555) CMA
Middlesex (3539)	
Huron (3540)	
Bruce (3541)	
Grey (3542)	• Owen Sound (566) CA

2.2 Availability of Data

The demographic analysis draws on four main sources of data:

- The topic-based tabulations on language published by Statistics Canada from the 2011 Census[10];
- The DVD-ROM Portrait of official language communities in Canada: 2006 Census.
- The topic-based tabulations on income and housing and on immigration and ethnocultural diversity published by Statistics Canada from the National Household Survey of 2011[11];
- The 2012 annual data on health indicators from the Canadian Community Health Survey (CCHS)[12].

As part of the NHS, data on immigration and income are available only for census metropolitan areas (CMAs) and census agglomerations (CAs) for people living in private households.

The Francophone population in CMAs and CAs in the Entity's region accounts for 87.5% of the total French population in the region's census divisions as calculated from Census data (25,835 of 29,525). The Francophone population aged 65 years and over in CMAs and CAs in the region accounts for 84.1% of the total senior Francophone population in the region's census divisions as calculated from Census data (5,990 of 7,125). For the whole region, the data obtained through the NHS therefore exclude approximately 12.5% of the Francophone population and approximately 15.9% of the Francophone population aged 65 years and over as calculated from Census data.

[10] See: http://www12.statcan.gc.ca/census-recensement/index-eng.cfm

[11] See: http://www12.statcan.gc.ca/nhs-enm/index-eng.cfm

[12] See: http://www5.statcan.gc.ca/cansim/pick-choisir?id=1050501&p2=33&retrLang=eng&lang=eng

Five (5) agglomerations were analyzed in detail. Based on NHS data, these agglomerations combined for a total of 24,765 Francophones (nearly 84% of Francophones on the Entity's territory) and 5,720 Francophones aged 65 years and over (more than 80% of Francophone seniors on the Entity's territory).

- The Francophone population in the Windsor CMA accounts for 89.4% of the total Francophone population of Essex census division (11,825 of 13,220). The Francophone population aged 65 years and over accounts for 91.7% of Essex CD's senior Francophone population (3,215 of 3,505).
- The Francophone population in Leamington (CA) accounts for 5.3% of the total Francophone population of the Essex census division (700 of 13,220). The Francophone population aged 65 years and over accounts for 2.4% of Essex CD's senior Francophone population (85 of 3,505).
- The Francophone population in Chatham-Kent (CA) accounts for 90.4% of the total Francophone population of the Chatham-Kent census division (2,365 of 2,615). The Francophone population aged 65 years and over accounts for 94.9% of Chatham-Kent CD's senior Francophone population (750 of 790).
- The Francophone population in Sarnia (CA) accounts for 80.3% of the total Francophone population of the Lambton census division (2,020 of 2,515). The Francophone population aged 65 years and over accounts for 80.9% of Lambton CD's senior Francophone population (635 of 785).
- The London CMA extends over most of the Middlesex census division, as well as the central part of the Elgin CD. The Francophone population in the London CMA accounts for 98.8% of the total Francophone population of Middlesex and Elgin CDs combined (7,855 of 7,950). The Francophone population aged 65 years and over accounts for 82.5% of Middlesex and Elgin's senior Francophone population (1,035 of 1,255).

Five (5) agglomerations were not analyzed in detail: Ingersoll, Woodstock, Tillsonburg, Stratford and Owen Sound. These CAs total 1,070 Francophones, of which 270 are aged 65 years and over.

Estimates of the Francophone population responding to each health indicator are based on population counts from the 2011 Census, based on the demographic weight of Francophones (FOLS) for the age group 65 years and over.

It should be noted that cancer, heart disease, neurological disorders and dementias are not among the list of indicators of the survey for which a comparison is available by language.

2.3 Definition of Francophone

The analysis draws on data from Statistics Canada using the *first official language spoken (FOLS)*. The method used to determine this variable takes into account knowledge of official languages, mother tongue, and finally, home language.

In the analysis of Statistics Canada data, unless otherwise specified, the term *Francophone* includes people who have French only as first official language spoken (French FOLS) and those who have both English and French as FOLS (English and French FOLS). This method is similar to Ontario's *Inclusive Definition of Francophone (IDF)*.

When dealing with statistics on income, it is not possible to combine the *French FOLS* and *English and French FOLS* linguistic groups; the analysis focuses on people with French only as FOLS.

All tables of the demographic analysis can be found in the following embedded file (electronic version of the report). By double-clicking the file icon below, the Excel spreadsheets will open and can be viewed and manipulated. This requires software that can handle Excel 2007-2010 files.

Embedded Excel File 2: Demographic Analysis

PROFIL DEMOGR.xlsx

3 Findings of the Demographic Analysis

3.1 First Official Language Spoken

The regions served by the Erie St. Clair and South West LHINs total 29,525 people who have French as their first official language spoken (FOLS), alone or with English (1.9% of the total population of 1,526,335 people).

- The Erie St. Clair region has 18,350 people who have French as FOLS, alone or with English (3.0% of the total population).
- The South West region has 11,175 people who have French as FOLS, alone or with English (1.2% of the total population).

The Francophone population of both regions is aging more rapidly than the English-speaking population, and the Francophone population of Erie St. Clair is aging more rapidly than the Francophone population in the South West.

- In both regions combined, 24.1% of the Francophone population is aged 65 years and over, compared with 15.5% in the Anglophone population.
- In Erie St. Clair, 27.7% of the Francophone population is aged 65 years and over, compared with 18.3% in the South West.

In both regions combined, there is a total of 7,125 individuals aged 65 years and over (3,905 women and 3,205 men) who have French as their first official language spoken (FOLS), alone or with English.

- Erie St. Clair has 5,080 Francophones 65 years and over (2,775 women and 2,290 men), including 3,505 in the Essex census division.
- The South West has 2,045 Francophones 65 years and over (1,130 women and 915 men), including 1,055 in the Middlesex census division.

3.2 Home Language

In both regions combined, there is a total of 30,330 people (13,345 men and 17,025 women) who speak French at least regularly at home (2.0% of the total population).

- Among people aged 65 to 74 years, 2,280 people (1,060 men and 1,245 women) speak French at least regularly at home (1.7% of the population in the same age group).
- Among people aged 75 years and over, 1,840 people (745 men and 1,085 women) speak French at least regularly at home (1.7% of the population in the same age group).
- Approximately 22% of seniors who speak French at least regularly at home do not have French as their mother tongue.

Erie St. Clair has a total of 18,145 people (8,105 men and 10,045 women) who speak French at least regularly at home (3.0% of the total population).

- Among people aged 65 to 74 years, 1,525 people (730 men and 805 women) speak French at least regularly at home (2.9% of the population in the same age group).
- Among people aged 75 years and over, 1,310 people (535 men and 770 women) speak French at least regularly at home (3.0% of the population in the same age group).
- Approximately 16% of seniors who speak French at least regularly at home do not have French as their mother tongue.

The South West has a total of 12,185 people (5,240 men and 6,980 women) who speak French at least regularly at home (1.3% of the total population).

- Among people aged 65 to 74 years, 755 people (330 men and 440 women) speak French at least regularly at home (0.9% of the population in the same age group).
- Among people aged 75 years and over, 530 people (210 men and 315 women) speak French at least regularly at home (0.8% of the population in the same age group).
- Approximately 36% of seniors who speak French at least regularly at home do not have French as their mother tongue.

3.3 Income

National Household Survey data (2011) can be used to compare selected characteristics relating to income by first official language spoken in both of the territory's CMAs, Windsor and London.

In the Windsor CMA:

- Francophones (French only FOLS) have an average income and a median income slightly higher than Anglophones, by about 10%.
- Among people aged 55 to 64 years, Francophones have a comparable median income ($37,012) and higher average income ($56,675) than Anglophones by about 27%. In men, this trend is marked (average income higher by about 47%); for women in the same age group, the median income is higher by about 11% and the average income is comparable.
- Among people aged 65 years and over, median income of Francophones ($28,435) is comparable and average income ($33,637) is slightly lower than that of Anglophones by about 5%. Among men 65 and over, the trend towards lower income is more significant (about 10%). Among women in the same age group, the income of Francophones is slightly higher than that of Anglophones by about 8%.

In the London CMA:

- Francophones (French only FOLS) have a higher average income than Anglophones by about 18% and a higher median income by approximately 14%.
- Among people aged 55 to 64 years, Francophones have a higher median income ($40,850) and a higher average income ($51,399) than Anglophones by about 9%. This is true for both men and women.
- Francophones aged 65 years and over have a lower median income ($22,252) than Anglophones by about 21%, and the average income ($31,185) is lower by approximately 17%. Among men, the difference is about 10%. Among women, the difference is more pronounced, at approximately 18%.

Thus, there is a marked difference in the incomes of Francophones and Anglophones and among people aged 65 years and over in both CMAs. This trend is true for both men and women in Windsor, while it is true for men only in London.

Data form the detailed 2006 Census questionnaire can be used to compare income by first official language spoken throughout the territory. However, due to the small numbers of French and English FOLS and French FOLS in some census divisions, data is not available by age group.

For all census divisions of the territory:

- For all age groups, people with French only as FOLS are fewer (27.5%) in the lower income brackets (less than $15,000) than Anglophones (34.0%). Proportionally more Francophones are in the medium brackets ($15,000 to $39,999) and in the higher brackets ($40,000 or more). However, 64.6% of those with both English and French as FOLS are in the lower income category.
- Among people aged 45 to 64 years in 2006 (aged 50 to 69 in 2011), the distribution by income category between Francophones and Anglophones is similar. English and French FOLS are more numerous in the higher and lower brackets, and fewer in the middle brackets.
- Among seniors aged 65 years and over in 2006 (70 years and over in 2011), the distribution by income category between Francophones and Anglophones is similar, but Francophones are a more concentrated in the middle category and proportionally fewer in the higher category.

Available data on the average income and the median income for the main census divisions where Francophones are concentrated are as follows:

- In Chatham-Kent, Francophones (French only FOLS) have a comparable average income and a slightly higher median income than Anglophones; among those aged 45 to 64 years in 2006, the average income is lower by 6% and among those aged 65 and over, the average income is lower by 13%.
- In Essex, Francophones (French only FOLS) have a comparable average income and a slightly higher median income than Anglophones; among those aged 45 to 64 years in 2006, the average income is lower by 5% and among those aged 65 years and over, the average income is lower by 11%.
- In Lambton, Francophones (French only FOLS) have a significantly higher average income and median income than Anglophones; among those aged 45 to 64 years in 2006, the average income is comparable and among those aged 65 years and over, the median income is lower by 14% and the average income is 47% higher.

- In Middlesex, Francophones (French only FOLS) have a significantly higher average income and median income than Anglophones; among those aged 45 to 64 years in 2006, the average income is comparable and among those aged 65 years and over, the median income is lower by 9.4% and the average income is comparable.

3.4 Immigration

Overall, for all urban areas of both regions combined (CMAs and census agglomerations - CAs), there are 198,025 immigrants, of which 4,840 have French as their first official language spoken (FOLS), alone or with English.

The Francophone immigrant population (18.7%) is proportionately as important as in the English-speaking community (16.7%). The relative proportion of immigrants who arrived in 2001 or afterwards is greater among Francophone immigrants (40.2%) than among English-speaking immigrants (22.5%). However, the proportion of newer immigrants within each linguistic group is similar for those aged 65 years and over (1.5% and 2.2% respectively).

- The Windsor CMA has 2,520 immigrants who have French as FOLS (21.3% of the French population), 335 of whom are aged 65 years and over (10.4% of Francophone seniors). In comparison, immigrants account for 21.5% of the Anglophone population and 36.7% among seniors.
- Leamington (CA) has 135 immigrants who have French as FOLS (19.3% of the French population), with none aged 65 years and over. In comparison, immigrants account for 20.2% of the Anglophone population and 33.9% among seniors.
- Chatham-Kent (CA) has 85 immigrants who have French as FOLS (3.6% of the French population), of which 40 are aged 65 years and over (5.3% of Francophone seniors). In comparison, immigrants account for 8.4% of the Anglophone population and 18.4% among seniors.
- Sarnia (CA) has 100 immigrants who have French as FOLS (5.0% of the French population), of which 35 are aged 65 years and over (5.5% of Francophone seniors). In comparison, immigrants account for 11.0% of the Anglophone population and 26.8% among seniors.
- The London CMA has 2,000 immigrants who have French as FOLS (25.5% of the French population), 245 of whom are aged 65 years and over (23.7% of Francophone seniors). In comparison, immigrants account for 18.0% of the Anglophone population and 32.9% among seniors.
- The Ingersoll, Woodstock, Tillsonburg, Stratford and Owen Sound CAs have a total of 1,070 Francophones, 270 of whom are aged 65 years and over. The National Household Survey data indicate that there are no French speaking immigrants in these areas.

3.5 Health Indicators

The study looked at two available sources of data to explore health indicators of older Francophones in the two regions. A first set of estimates is based on the Canadian Community Health Survey (CCHS) conducted by Statistics Canada. These estimates are then compared with the results of a survey led in 2013 by the Entity regarding the health of Francophones and their use of health services.

Annual health indicator estimates for 2012 are presented for both LHIN areas, based on the percentage of prevalence reported by the CCHS. Estimates of the Francophone population responding to each indicator are based on population counts from the 2011 Census, based on the demographic weight of Francophones (FOLS) for the age group 65 years and over.

These numbers are orders of magnitude. They can be modulated, although approximately, using the comparison relative to language for each health indicator, which is available only for 2009-2010, for all age groups, for both genders, for all of Ontario.

It is noted in particular that Francophones have a significantly less positive profile for the following indicators:

- Chronic diseases: arthritis, diabetes, asthma, high blood pressure and chronic obstructive pulmonary disease (COPD);
- Pain, discomfort and activity limitation;
- Smoking and exposure to second-hand smoke;
- Overweight and obesity;
- Sense of community belonging;
- Regular medical doctor.

Indicators for which Ontario Francophones (French only FOLS) have a more positive profile than the general population are (asterisks* indicate where the difference is important):

- Perceived health, very good or excellent;
- Life satisfaction;
- Fruit and vegetable consumption;
- Physical activity*;
- Influenza immunization*;
- Mood disorder;
- Functional health;
- Injuries causing limitation of activity or requiring medical attention.

Indicators for which Francophones have a less positive profile that the general population of the province are as follows (asterisks* indicate where the difference is important):

- Perceived health, fair or poor;
- Perceived mental health;
- Perceived stress;
- Chronic diseases: arthritis, diabetes, asthma, high blood pressure and COPD*;
- Pain, discomfort and activity limitation*;
- Smoking and exposure to second-hand smoke*;
- Alcohol;
- Overweight and obesity*;
- Sense of community belonging*;
- Regular medical doctor*.

It should be noted that cancer, heart disease, neurological disorders and dementias are not among the list of indicators of the survey for which a comparison is available by language.

Estimates obtained for the 65 years and over through the CCHS data were compared to those obtained following the 2013 survey on the health of Francophones and their use of health services in the Erie St. Clair and South West LHINs, sponsored by the Entity.

Some indicators show data of a comparable order of magnitude in the CCHS and the 2013 survey, while others show significant differences. It is not possible to confirm the representativeness of survey respondents regarding the description of lifestyle and the prevalence of health problems. However, the 2013 survey remains a useful reference tool as it is more complete and focused, especially regarding chronic diseases and access to health services.

In June 2009, the Ministry of Health and Long-Term Care published an analysis of health indicators, risk factors and preventive care for Francophones and non-Francophones in Ontario, based on CCHS data from 2005 and 2007, for the population aged 12 years and over. The results of this study confirm the observations made herein.

4 Detailed Data

Data on the first official language spoken and the home language are taken from the 2011 Census. Data on immigration are taken from the National Household Survey of 2011. The detailed revenue data for Windsor (CMA) and London (CMA) are through the NHS. Finally, income data are not available with a linguistic variable for all agglomerations within the 2011 NHS; data from the 2006 Census were used to present the most recent portrait regarding the income of Francophones compared with that of Anglophones throughout the territory.

4.1 First Official Language Spoken

The regions served by the Erie St. Clair and South West LHINs total 29,525 people who have French as their first official language spoken (FOLS), alone or with English (1.9% of the total population of 1,526,335 people).

- The Erie St. Clair region has 18,350 people who have French as FOLS, alone or with English (3.0% of the total population). This represents 3.0% of the total population (612,565).
- The South West region has 11,175 people who have French as FOLS, alone or with English (1.2% of the total population). This represents 1.2% of the total population (913,770).

The Francophone population of both regions is aging more rapidly than the English-speaking population, and the Francophone population of Erie St. Clair is aging more rapidly than the Francophone population in the South West.

- In both regions combined, 24.1% of the Francophone population is aged 65 years and over, compared with 15.5% in the Anglophone population. People under age 25 account for 20.1% of Francophones, and for 30.9% among Anglophones.
- In Erie St. Clair, 27.7% of the Francophone population is aged 65 years and over, compared with 18.3% in the South West. People under age 25 in Erie St. Clair account for 18.4% of Francophones, and for 22.8% in the South West.

In both regions combined, there is a total of 7,125 individuals aged 65 years and over (3,905 women and 3,205 men) who have French as their first official language spoken (FOLS), alone or with English.

- Erie St. Clair has 5,080 Francophones 65 years and over (2,775 women and 2,290 men), including 3,505 in the Essex census division.
- The South West has 2,045 Francophones 65 years and over (1,130 women and 915 men), including 1,055 in the Middlesex census division.

The following tables provide detailed data on the first official language spoken by age group, for the whole territory and the areas covered by each LHIN.

Table 9: Population according to first official language spoken, Erie St. Clair and South West, 2011

Region	Total	First official language spoken (FOLS)					
		French	English and French	Total Francophones	Francophones as % of total	English	English FOLS as % of total
Total	1,526,335	24,620	4,905	29,525	1.9%	1,481,745	97.1%
Erie St. Clair	612,565	15,700	2,650	18,350	3.0%	586,500	95.7%
South West	913,770	8,920	2,255	11,175	1.2%	895,245	98.0%

Source: 2011 Census, topic-based tabulation, Statistics Canada catalog no. 98-314-XCB2011044.

Table 10: Population according to first official language spoken and age group, Erie St. Clair and South West, 2011

Age Groups	Total	First official language spoken (FOLS)							
		French	English and French	Total Francophones	Francophones as % of age group total	Age group as % of Francophone total	English	English FOLS as % of age group total	Age group as % of English FOLS total
Total	**1,526,335**	**24,620**	**4,905**	**29,525**	**1.9%**	**100.0%**	**1,481,745**	**97.1%**	**100.0%**
0 to 14 years	**262,265**	**1,795**	**1,490**	**3,285**	**1.3%**	**11.1%**	**255,105**	**97.3%**	**17.2%**
0 to 4 years	84,190	480	245	725	0.9%	2.5%	80,335	95.4%	5.4%
5 to 9 years	85,670	580	625	1,205	1.4%	4.1%	83,955	98.0%	5.7%
10 to 14 years	92,400	740	640	1,380	1.5%	4.7%	90,815	98.3%	6.1%
15 to 24 years	**205,415**	**1,695**	**950**	**2,645**	**1.3%**	**9.0%**	**202,365**	**98.5%**	**13.7%**
15 to 19 years	105,370	855	590	1,445	1.4%	4.9%	103,770	98.5%	7.0%
20 to 24 years	100,025	850	375	1,225	1.2%	4.1%	98,580	98.6%	6.7%
25 to 34 years	**176,065**	**2,070**	**540**	**2,610**	**1.5%**	**8.8%**	**172,560**	**98.0%**	**11.6%**
25 to 29 years	89,590	935	250	1,185	1.3%	4.0%	88,000	98.2%	5.9%
30 to 34 years	86,475	1,130	275	1,405	1.6%	4.8%	84,560	97.8%	5.7%
35 to 44 years	**190,555**	**2,945**	**620**	**3,565**	**1.9%**	**12.1%**	**185,460**	**97.3%**	**12.5%**
35 to 39 years	90,835	1,345	300	1,645	1.8%	5.6%	88,485	97.4%	6.0%
40 to 44 years	99,705	1,605	340	1,945	2.0%	6.6%	96,975	97.3%	6.5%
45 to 54 years	**241,745**	**4,575**	**560**	**5,135**	**2.1%**	**17.4%**	**234,860**	**97.2%**	**15.9%**
45 to 49 years	120,185	2,190	300	2,490	2.1%	8.4%	116,820	97.2%	7.9%
50 to 54 years	121,575	2,380	260	2,640	2.2%	8.9%	118,035	97.1%	8.0%
55 to 64 years	**208,960**	**4,830**	**320**	**5,150**	**2.5%**	**17.4%**	**202,065**	**96.7%**	**13.6%**
55 to 59 years	109,330	2,385	190	2,575	2.4%	8.7%	105,870	96.8%	7.1%
60 to 64 years	99,645	2,455	135	2,590	2.6%	8.8%	96,190	96.5%	6.5%
65 to 79 years	**179,415**	**5,045**	**295**	**5,340**	**3.0%**	**18.1%**	**170,850**	**95.2%**	**11.5%**
65 to 69 years	75,300	2,140	115	2,255	3.0%	7.6%	72,100	95.8%	4.9%
70 to 74 years	58,115	1,545	110	1,655	2.8%	5.6%	55,300	95.2%	3.7%
75 to 79 years	46,010	1,350	90	1,440	3.1%	4.9%	43,430	94.4%	2.9%
80 years and over	**61,925**	**1,680**	**105**	**1,785**	**2.9%**	**6.0%**	**58,485**	**94.4%**	**3.9%**

Source: 2011 Census, topic-based tabulation, Statistics Canada catalog no. 98-314-XCB2011044.

Table 11: Population according to first official language spoken and age group, Erie St. Clair, 2011

Age Groups	Total	First official language spoken (FOLS)							
		French	English and French	Total Francophones	Francophones as % of age group total	Age group as % of Francophone total	English	English FOLS as % of age group total	Age group as % of English FOLS total
Total	**612,565**	**15,700**	**2,650**	**18,350**	**3.0%**	**100.0%**	**586,500**	**95.7%**	**100.0%**
0 to 14 years	**105,845**	**1,055**	**830**	**1,885**	**1.8%**	**10.3%**	**102,620**	**97.0%**	**17.5%**
0 to 4 years	33,020	245	135	380	1.2%	2.1%	31,545	95.5%	5.4%
5 to 9 years	35,150	355	370	725	2.1%	4.0%	34,275	97.5%	5.8%
10 to 14 years	37,675	450	335	785	2.1%	4.3%	36,800	97.7%	6.3%
15 to 24 years	**81,290**	**1,030**	**465**	**1,495**	**1.8%**	**8.1%**	**79,600**	**97.9%**	**13.6%**
15 to 19 years	42,160	540	290	830	2.0%	4.5%	41,250	97.8%	7.0%
20 to 24 years	39,120	490	175	665	1.7%	3.6%	38,340	98.0%	6.5%
25 to 34 years	**68,020**	**1,085**	**270**	**1,355**	**2.0%**	**7.4%**	**66,060**	**97.1%**	**11.3%**
25 to 29 years	34,025	485	115	600	1.8%	3.3%	33,155	97.4%	5.7%
30 to 34 years	33,990	600	150	750	2.2%	4.1%	32,905	96.8%	5.6%
35 to 44 years	**78,970**	**1,690**	**365**	**2,055**	**2.6%**	**11.2%**	**75,925**	**96.1%**	**12.9%**
35 to 39 years	37,510	755	155	910	2.4%	5.0%	36,110	96.3%	6.2%
40 to 44 years	41,455	945	220	1,165	2.8%	6.3%	39,820	96.1%	6.8%
45 to 54 years	**97,775**	**2,855**	**335**	**3,190**	**3.3%**	**17.4%**	**93,650**	**95.8%**	**16.0%**
45 to 49 years	48,585	1,355	185	1,540	3.2%	8.4%	46,535	95.8%	7.9%
50 to 54 years	49,195	1,495	145	1,640	3.3%	8.9%	47,115	95.8%	8.0%
55 to 64 years	**84,015**	**3,125**	**170**	**3,295**	**3.9%**	**18.0%**	**79,860**	**95.1%**	**13.6%**
55 to 59 years	43,935	1,485	105	1,590	3.6%	8.7%	41,880	95.3%	7.1%
60 to 64 years	40,090	1,635	65	1,700	4.2%	9.3%	37,985	94.7%	6.5%
65 to 79 years	**71,685**	**3,590**	**160**	**3,750**	**5.2%**	**20.4%**	**66,120**	**92.2%**	**11.3%**
65 to 69 years	30,085	1,475	55	1,530	5.1%	8.3%	28,050	93.2%	4.8%
70 to 74 years	23,120	1,100	50	1,150	5.0%	6.3%	21,275	92.0%	3.6%
75 to 79 years	18,485	1,005	55	1,060	5.7%	5.8%	16,790	90.8%	2.9%
80 years and over	**24,970**	**1,280**	**50**	**1,330**	**5.3%**	**7.2%**	**22,670**	**90.8%**	**3.9%**

Source: 2011 Census, topic-based tabulation, Statistics Canada catalog no. 98-314-XCB2011044.

Table 12: Population according to first official language spoken and age group, South West, 2011

Age Groups	Total	First official language spoken (FOLS)							
		French	English and French	Total Francophones	Francophones as % of age group total	Age group as % of Francophone total	English	English FOLS as % of age group total	Age group as % of English FOLS total
Total	**913,770**	**8,920**	**2,255**	**11,175**	**1.2%**	**100.0%**	**895,245**	**98.0%**	**100.0%**
0 to 14 years	**156,420**	**740**	**660**	**1,400**	**0.9%**	**12.5%**	**152,485**	**97.5%**	**17.0%**
0 to 4 years	51,170	235	110	345	0.7%	3.1%	48,790	95.3%	5.4%
5 to 9 years	50,520	225	255	480	1.0%	4.3%	49,680	98.3%	5.5%
10 to 14 years	54,725	290	305	595	1.1%	5.3%	54,015	98.7%	6.0%
15 to 24 years	**124,125**	**665**	**485**	**1,150**	**0.9%**	**10.3%**	**122,765**	**98.9%**	**13.7%**
15 to 19 years	63,210	315	300	615	1.0%	5.5%	62,520	98.9%	7.0%
20 to 24 years	60,905	360	200	560	0.9%	5.0%	60,240	98.9%	6.7%
25 to 34 years	**108,045**	**985**	**270**	**1,255**	**1.2%**	**11.2%**	**106,500**	**98.6%**	**11.9%**
25 to 29 years	55,565	450	135	585	1.1%	5.2%	54,845	98.7%	6.1%
30 to 34 years	52,485	530	125	655	1.2%	5.9%	51,655	98.4%	5.8%
35 to 44 years	**111,585**	**1,255**	**255**	**1,510**	**1.4%**	**13.5%**	**109,535**	**98.2%**	**12.2%**
35 to 39 years	53,325	590	145	735	1.4%	6.6%	52,375	98.2%	5.9%
40 to 44 years	58,250	660	120	780	1.3%	7.0%	57,155	98.1%	6.4%
45 to 54 years	**143,970**	**1,720**	**225**	**1,945**	**1.4%**	**17.4%**	**141,210**	**98.1%**	**15.8%**
45 to 49 years	71,600	835	115	950	1.3%	8.5%	70,285	98.2%	7.9%
50 to 54 years	72,380	885	115	1,000	1.4%	8.9%	70,920	98.0%	7.9%
55 to 64 years	**124,945**	**1,705**	**150**	**1,855**	**1.5%**	**16.6%**	**122,205**	**97.8%**	**13.7%**
55 to 59 years	65,395	900	85	985	1.5%	8.8%	63,990	97.9%	7.1%
60 to 64 years	59,555	820	70	890	1.5%	8.0%	58,205	97.7%	6.5%
65 to 79 years	**107,730**	**1,455**	**135**	**1,590**	**1.5%**	**14.2%**	**104,730**	**97.2%**	**11.7%**
65 to 69 years	45,215	665	60	725	1.6%	6.5%	44,050	97.4%	4.9%
70 to 74 years	34,995	445	60	505	1.4%	4.5%	34,025	97.2%	3.8%
75 to 79 years	27,525	345	35	380	1.4%	3.4%	26,640	96.8%	3.0%
80 years and over	**36,955**	**400**	**55**	**455**	**1.2%**	**4.1%**	**35,815**	**96.9%**	**4.0%**

Source: 2011 Census, topic-based tabulation, Statistics Canada catalog no. 98-314-XCB2011044.

Table 13: Geographic distribution of Francophone population according to age group, Erie St. Clair and South West, 2011

Geographic unit	Total	Age Groups								
		0 to 14 years	15 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 79 years	80 years and over	Total 65 years and over
TOTAL	**29,525**	**3,285**	**2,645**	**2,610**	**3,565**	**5,135**	**5,150**	**5,340**	**1,785**	**7,125**
ERIE ST. CLAIR	**18,350**	**1,885**	**1,495**	**1,355**	**2,055**	**3,190**	**3,295**	**3,750**	**1,330**	**5,080**
% of region's Francophone population	**62.2%**	**57.4%**	**56.5%**	**51.9%**	**57.6%**	**62.1%**	**64.0%**	**70.2%**	**74.5%**	**71.3%**
Chatham-Kent (3536)	2,615	175	165	180	270	485	555	590	200	790
Essex (3537)	13,220	1,490	1,155	1,005	1,545	2,310	2,215	2,525	980	3,505
Lambton (3538)	2,515	220	175	170	240	395	525	635	150	785
SOUTH WEST	**11,175**	**1,400**	**1,150**	**1,255**	**1,510**	**1,945**	**1,855**	**1,590**	**455**	**2,045**
% of region's Francophone population	**37.8%**	**42.6%**	**43.5%**	**48.1%**	**42.4%**	**37.9%**	**36.0%**	**29.8%**	**25.5%**	**28.7%**
Perth (3531)	450	45	25	55	55	85	85	65	15	80
Oxford (3532)	1,015	70	70	75	150	175	230	190	50	240
Elgin (3534)	795	45	35	65	100	175	170	160	40	200
Middlesex (3539)	7,155	1,125	925	920	1,010	1,150	965	805	250	1,055
Huron (3540)	395	25	25	30	25	80	95	90	30	120
Bruce (3541)	585	30	25	45	65	110	160	120	35	155
Grey (3542)	780	60	45	65	105	170	150	160	35	195

Source: 2011 Census, topic-based tabulation, Statistics Canada catalog no. 98-314-XCB2011044.

4.2 Home Language

In both regions combined, there is a total of 30,330 people (13,345 men and 17,025 women) who speak French at least regularly at home (2.0% of the total population).

- Among people aged 65 to 74 years, 2,280 people (1,060 men and 1,245 women) speak French at least regularly at home (1.7% of the population in the same age group).
- Among people aged 75 years and over, 1,840 people (745 men and 1,085 women) speak French at least regularly at home (1.7% of the population in the same age group).
- Approximately 22% of seniors who speak French at least regularly at home do not have French as their mother tongue.

Erie St. Clair has a total of 18,145 people (8,105 men and 10,045 women) who speak French at least regularly at home (3.0% of the total population).

- Among people aged 65 to 74 years, 1,525 people (730 men and 805 women) speak French at least regularly at home (2.9% of the population in the same age group).
- Among people aged 75 years and over, 1,310 people (535 men and 770 women) speak French at least regularly at home (3.0% of the population in the same age group).
- Approximately 16% of seniors who speak French at least regularly at home do not have French as their mother tongue.

The South West has a total of 12,185 people (5,240 men and 6,980 women) who speak French at least regularly at home (1.3% of the total population).

- Among people aged 65 to 74 years, 755 people (330 men and 440 women) speak French at least regularly at home (0.9% of the population in the same age group).
- Among people aged 75 years and over, 530 people (210 men and 315 women) speak French at least regularly at home (0.8% of the population in the same age group).
- Approximately 36% of seniors who speak French at least regularly at home do not have French as their mother tongue.

The following tables provide detailed data on home language, by age group, sex and mother tongue.

Table 14: Home language according to age, sex and mother tongue, Erie St. Clair and South West, 2011

Age group	Language spoken at home	Total – sex			Female			Male		
		Total of age group	MT French (alone or with others)	MT English or unofficial language	Total of age group	MT French (alone or with others)	MT English or unofficial language	Total of age group	MT French (alone or with others)	MT English or unofficial language
TOTAL	TOTAL	1,526,350	32,430	1,493,925	748,725	14,965	733,755	777,620	17,455	760,190
	FRENCH MOST OFTEN	10,085	7,720	2,340	4,595	3,485	1,075	5,505	4,235	1,240
	FRENCH REGULARLY	20,245	7,490	12,785	8,750	3,275	5,485	11,520	4,215	7,255
	FRENCH AT LEAST REGULARLY	30,330	15,210	15,125	13,345	6,760	6,560	17,025	8,450	8,495
	AS % OF LINGUISTIC GROUP	2.0%	46.9%	1.0%	1.8%	45.2%	0.9%	2.2%	48.4%	1.1%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	50.1%	49.9%	100.0%	50.7%	49.2%	100.0%	49.6%	49.9%
UNDER 15 YEARS	TOTAL	262,255	2,875	259,410	134,630	1,415	133,210	127,645	1,415	126,205
	FRENCH MOST OFTEN	2,160	1,450	755	1,060	730	365	1,100	715	390
	FRENCH REGULARLY	6,365	855	5,550	2,870	380	2,505	3,485	445	3,065
	FRENCH AT LEAST REGULARLY	8,525	2,305	6,305	3,930	1,110	2,870	4,585	1,160	3,455
	AS % OF LINGUISTIC GROUP	3.3%	80.2%	2.4%	2.9%	78.4%	2.2%	3.6%	82.0%	2.7%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	27.0%	74.0%	100.0%	28.2%	73.0%	100.0%	25.3%	75.4%
15-24 YEARS	TOTAL	205,420	2,490	202,935	104,480	1,190	103,285	100,945	1,295	99,625
	FRENCH MOST OFTEN	1,050	720	325	510	350	150	535	340	195
	FRENCH REGULARLY	2,535	740	1,810	1,105	370	730	1,450	380	1,085
	FRENCH AT LEAST REGULARLY	3,585	1,460	2,135	1,615	720	880	1,985	720	1,280
	AS % OF LINGUISTIC GROUP	1.7%	58.6%	1.1%	1.5%	60.5%	0.9%	2.0%	55.6%	1.3%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	40.7%	59.6%	100.0%	44.6%	54.5%	100.0%	36.3%	64.5%
25-44 YEARS	TOTAL	366,615	6,455	360,175	180,325	2,930	177,415	186,290	3,545	182,765
	FRENCH MOST OFTEN	1,995	1,460	530	855	615	235	1,165	890	295
	FRENCH REGULARLY	5,210	2,085	3,145	2,050	895	1,165	3,150	1,200	1,985
	FRENCH AT LEAST REGULARLY	7,205	3,545	3,675	2,905	1,510	1,400	4,315	2,090	2,280
	AS % OF LINGUISTIC GROUP	2.0%	54.9%	1.0%	1.6%	51.5%	0.8%	2.3%	59.0%	1.2%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	49.2%	51.0%	100.0%	52.0%	48.2%	100.0%	48.4%	52.8%

Age group	Language spoken at home	Total – sex			Female			Male		
		Total of age group	MT French (alone or with others)	MT English or unofficial language	Total of age group	MT French (alone or with others)	MT English or unofficial language	Total of age group	MT French (alone or with others)	MT English or unofficial language
45-64 YEARS	TOTAL	450,715	11,555	439,180	220,175	5,500	214,660	230,540	6,060	224,465
	FRENCH MOST OFTEN	2,755	2,270	495	1,240	970	240	1,500	1,260	255
	FRENCH REGULARLY	4,190	2,565	1,600	1,865	1,110	745	2,330	1,435	880
	FRENCH AT LEAST REGULARLY	6,945	4,835	2,095	3,105	2,080	985	3,830	2,695	1,135
	AS % OF LINGUISTIC GROUP	1.5%	41.8%	0.5%	1.4%	37.8%	0.5%	1.7%	44.5%	0.5%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	69.6%	30.2%	100.0%	67.0%	31.7%	100.0%	70.4%	29.6%
65-74 YEARS	TOTAL	133,410	4,965	128,455	64,045	2,375	61,670	69,370	2,600	66,765
	FRENCH MOST OFTEN	1,175	1,030	165	535	460	90	670	575	65
	FRENCH REGULARLY	1,105	755	345	525	325	160	575	390	180
	FRENCH AT LEAST REGULARLY	2,280	1,785	510	1,060	785	250	1,245	965	245
	AS % OF LINGUISTIC GROUP	1.7%	36.0%	0.4%	1.7%	33.1%	0.4%	1.8%	37.1%	0.4%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	78.3%	22.4%	100.0%	74.1%	23.6%	100.0%	77.5%	19.7%
75 YEARS +	TOTAL	107,925	4,105	103,815	45,090	1,620	43,480	62,820	2,505	60,320
	FRENCH MOST OFTEN	1,000	820	125	410	340	50	570	485	65
	FRENCH REGULARLY	840	545	290	335	205	115	515	370	150
	FRENCH AT LEAST REGULARLY	1,840	1,365	415	745	545	165	1,085	855	215
	AS % OF LINGUISTIC GROUP	1.7%	33.3%	0.4%	1.7%	33.6%	0.4%	1.7%	34.1%	0.4%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	74.2%	22.6%	100.0%	73.2%	22.1%	100.0%	78.8%	19.8%

Source: 2011 Census, topic-based tabulation, Statistics Canada catalog no. 98-314-XCB2011028.

Table 15: Home language according to age, sex and mother tongue, Erie St. Clair, 2011

Age group	Language spoken at home	Total – sex			Female			Male		
		Total of age group	MT French (alone or with others)	MT English or unofficial language	Total of age group	MT French (alone or with others)	MT English or unofficial language	Total of age group	MT French (alone or with others)	MT English or unofficial language
TOTAL	TOTAL	612,570	20,425	592,140	300,875	9,500	291,375	311,690	10,935	300,770
	FRENCH MOST OFTEN	6,380	5,065	1,305	2,890	2,275	620	3,485	2,800	680
	FRENCH REGULARLY	11,765	4,585	7,185	5,215	2,060	3,155	6,560	2,530	4,015
	FRENCH AT LEAST REGULARLY	18,145	9,650	8,490	8,105	4,335	3,775	10,045	5,330	4,695
	AS % OF LINGUISTIC GROUP	3.0%	47.2%	1.4%	2.7%	45.6%	1.3%	3.2%	48.7%	1.6%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	53.2%	46.8%	100.0%	53.5%	46.6%	100.0%	53.1%	46.7%
UNDER 15 YEARS	TOTAL	105,835	1,665	104,190	54,310	820	53,490	51,540	835	50,685
	FRENCH MOST OFTEN	1,230	805	425	605	395	240	620	415	205
	FRENCH REGULARLY	3,860	530	3,350	1,800	245	1,565	2,050	275	1,795
	FRENCH AT LEAST REGULARLY	5,090	1,335	3,775	2,405	640	1,805	2,670	690	2,000
	AS % OF LINGUISTIC GROUP	4.8%	80.2%	3.6%	4.4%	78.0%	3.4%	5.2%	82.6%	3.9%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	26.2%	74.2%	100.0%	26.6%	75.1%	100.0%	25.8%	74.9%
15-24 YEARS	TOTAL	81,285	1,480	79,810	41,600	745	40,855	39,690	725	38,945
	FRENCH MOST OFTEN	640	465	165	310	230	80	315	215	105
	FRENCH REGULARLY	1,475	455	1,040	680	235	445	800	210	600
	FRENCH AT LEAST REGULARLY	2,115	920	1,205	990	465	525	1,115	425	705
	AS % OF LINGUISTIC GROUP	2.6%	62.2%	1.5%	2.4%	62.4%	1.3%	2.8%	58.6%	1.8%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	43.5%	57.0%	100.0%	47.0%	53.0%	100.0%	38.1%	63.2%
25-44 YEARS	TOTAL	146,985	3,535	143,465	72,015	1,600	70,420	74,965	1,940	73,040
	FRENCH MOST OFTEN	1,070	790	280	440	315	115	630	485	165
	FRENCH REGULARLY	2,790	1,135	1,670	1,090	485	615	1,705	650	1,055
	FRENCH AT LEAST REGULARLY	3,860	1,925	1,950	1,530	800	730	2,335	1,135	1,220
	AS % OF LINGUISTIC GROUP	2.6%	54.5%	1.4%	2.1%	50.0%	1.0%	3.1%	58.5%	1.7%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	49.9%	50.5%	100.0%	52.3%	47.7%	100.0%	48.6%	52.2%

Age group	Language spoken at home	Total – sex			Female			Male		
		Total of age group	MT French (alone or with others)	MT English or unofficial language	Total of age group	MT French (alone or with others)	MT English or unofficial language	Total of age group	MT French (alone or with others)	MT English or unofficial language
45-64 YEARS	TOTAL	181,800	7,280	174,535	89,375	3,500	85,870	92,415	3,785	88,640
	FRENCH MOST OFTEN	1,830	1,575	270	825	680	135	1,005	875	135
	FRENCH REGULARLY	2,420	1,600	815	1,095	710	375	1,330	875	455
	FRENCH AT LEAST REGULARLY	4,250	3,175	1,085	1,920	1,390	510	2,335	1,750	590
	AS % OF LINGUISTIC GROUP	2.3%	43.6%	0.6%	2.1%	39.7%	0.6%	2.5%	46.2%	0.7%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	74.7%	25.5%	100.0%	72.4%	26.6%	100.0%	74.9%	25.3%
65-74 YEARS	TOTAL	53,205	3,465	49,750	25,525	1,655	23,865	27,680	1,800	25,875
	FRENCH MOST OFTEN	865	780	90	395	355	55	485	435	45
	FRENCH REGULARLY	660	500	180	335	235	80	320	235	80
	FRENCH AT LEAST REGULARLY	1,525	1,280	270	730	590	135	805	670	125
	AS % OF LINGUISTIC GROUP	2.9%	36.9%	0.5%	2.9%	35.6%	0.6%	2.9%	37.2%	0.5%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	83.9%	17.7%	100.0%	80.8%	18.5%	100.0%	83.2%	15.5%
75 YEARS +	TOTAL	43,450	3,040	40,410	18,055	1,195	16,860	25,385	1,855	23,540
	FRENCH MOST OFTEN	765	685	65	330	285	30	435	395	30
	FRENCH REGULARLY	545	410	135	205	155	55	335	265	75
	FRENCH AT LEAST REGULARLY	1,310	1,095	200	535	440	85	770	660	105
	AS % OF LINGUISTIC GROUP	3.0%	36.0%	0.5%	3.0%	36.8%	0.5%	3.0%	35.6%	0.4%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	83.6%	15.3%	100.0%	82.2%	15.9%	100.0%	85.7%	13.6%

Source: 2011 Census, topic-based tabulation, Statistics Canada catalog no. 98-314-XCB2011028.

Table 16: Home language according to age, sex and mother tongue, South West, 2011

Age group	Language spoken at home	Total – sex			Female			Male		
		Total of age group	MT French (alone or with others)	MT English or unofficial language	Total of age group	MT French (alone or with others)	MT English or unofficial language	Total of age group	MT French (alone or with others)	MT English or unofficial language
TOTAL	TOTAL	913,780	12,005	901,785	447,850	5,465	442,380	465,930	6,520	459,420
	FRENCH MOST OFTEN	3,705	2,655	1,035	1,705	1,210	455	2,020	1,435	560
	FRENCH REGULARLY	8,480	2,905	5,600	3,535	1,215	2,330	4,960	1,685	3,240
	FRENCH AT LEAST REGULARLY	12,185	5,560	6,635	5,240	2,425	2,785	6,980	3,120	3,800
	AS % OF LINGUISTIC GROUP	1.3%	46.3%	0.7%	1.2%	44.4%	0.6%	1.5%	47.9%	0.8%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	45.6%	54.5%	100.0%	46.3%	53.1%	100.0%	44.7%	54.4%
UNDER 15 YEARS	TOTAL	156,420	1,210	155,220	80,320	595	79,720	76,105	580	75,520
	FRENCH MOST OFTEN	930	645	330	455	335	125	480	300	185
	FRENCH REGULARLY	2,505	325	2,200	1,070	135	940	1,435	170	1,270
	FRENCH AT LEAST REGULARLY	3,435	970	2,530	1,525	470	1,065	1,915	470	1,455
	AS % OF LINGUISTIC GROUP	2.2%	80.2%	1.6%	1.9%	79.0%	1.3%	2.5%	81.0%	1.9%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	28.2%	73.7%	100.0%	30.8%	69.8%	100.0%	24.5%	76.0%
15-24 YEARS	TOTAL	124,135	1,010	123,125	62,880	445	62,430	61,255	570	60,680
	FRENCH MOST OFTEN	410	255	160	200	120	70	220	125	90
	FRENCH REGULARLY	1,060	285	770	425	135	285	650	170	485
	FRENCH AT LEAST REGULARLY	1,470	540	930	625	255	355	870	295	575
	AS % OF LINGUISTIC GROUP	1.2%	53.5%	0.8%	1.0%	57.3%	0.6%	1.4%	51.8%	0.9%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	36.7%	63.3%	100.0%	40.8%	56.8%	100.0%	33.9%	66.1%
25-44 YEARS	TOTAL	219,630	2,920	216,710	108,310	1,330	106,995	111,325	1,605	109,725
	FRENCH MOST OFTEN	925	670	250	415	300	120	535	405	130
	FRENCH REGULARLY	2,420	950	1,475	960	410	550	1,445	550	930
	FRENCH AT LEAST REGULARLY	3,345	1,620	1,725	1,375	710	670	1,980	955	1,060
	AS % OF LINGUISTIC GROUP	1.5%	55.5%	0.8%	1.3%	53.4%	0.6%	1.8%	59.5%	1.0%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	48.4%	51.6%	100.0%	51.6%	48.7%	100.0%	48.2%	53.5%

Age group	Language spoken at home	Total – sex			Female			Male		
		Total of age group	MT French (alone or with others)	MT English or unofficial language	Total of age group	MT French (alone or with others)	MT English or unofficial language	Total of age group	MT French (alone or with others)	MT English or unofficial language
45-64 YEARS	TOTAL	268,915	4,275	264,645	130,800	2,000	128,790	138,125	2,275	135,825
	FRENCH MOST OFTEN	925	695	225	415	290	105	495	385	120
	FRENCH REGULARLY	1,770	965	785	770	400	370	1,000	560	425
	FRENCH AT LEAST REGULARLY	2,695	1,660	1,010	1,185	690	475	1,495	945	545
	AS % OF LINGUISTIC GROUP	1.0%	38.8%	0.4%	0.9%	34.5%	0.4%	1.1%	41.5%	0.4%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	61.6%	37.5%	100.0%	58.2%	40.1%	100.0%	63.2%	36.5%
65-74 YEARS	TOTAL	80,205	1,500	78,705	38,520	720	37,805	41,690	800	40,890
	FRENCH MOST OFTEN	310	250	75	140	105	35	185	140	20
	FRENCH REGULARLY	445	255	165	190	90	80	255	155	100
	FRENCH AT LEAST REGULARLY	755	505	240	330	195	115	440	295	120
	AS % OF LINGUISTIC GROUP	0.9%	33.7%	0.3%	0.9%	27.1%	0.3%	1.1%	36.9%	0.3%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	66.9%	31.8%	100.0%	59.1%	34.8%	100.0%	67.0%	27.3%
75 YEARS +	TOTAL	64,475	1,065	63,405	27,035	425	26,620	37,435	650	36,780
	FRENCH MOST OFTEN	235	135	60	80	55	20	135	90	35
	FRENCH REGULARLY	295	135	155	130	50	60	180	105	75
	FRENCH AT LEAST REGULARLY	530	270	215	210	105	80	315	195	110
	AS % OF LINGUISTIC GROUP	0.8%	25.4%	0.3%	0.8%	24.7%	0.3%	0.8%	30.0%	0.3%
	LINGUISTIC GROUP AS % OF TOTAL	100.0%	50.9%	40.6%	100.0%	50.0%	38.1%	100.0%	61.9%	34.9%

Source: 2011 Census, topic-based tabulation, Statistics Canada catalog no. 98-314-XCB2011028.

4.3 Income

National Household Survey data (2011) can be used to compare selected characteristics relating to income by first official language spoken in both of the territory's CMAs, Windsor and London.

In the Windsor CMA:

- Francophones (French only FOLS) have an average income and a median income slightly higher than Anglophones, by about 10%.
- Among people aged 55 to 64 years, Francophones have a comparable median income ($37,012) and higher average income ($56,675) than Anglophones by about 27%. In men, this trend is marked (average income higher by about 47%); for women in the same age group, the median income is higher by about 11% and the average income is comparable.
- Among people aged 65 years and over, median income of Francophones ($28,435) is comparable and average income ($33,637) is slightly lower than that of Anglophones by about 5%. Among men 65 and over, the trend towards lower income is more significant (about 10%). Among women in the same age group, the income of Francophones is slightly higher than that of Anglophones by about 8%.

In the London CMA:

- Francophones (French only FOLS) have a higher average income than Anglophones by about 18% and a higher median income by approximately 14%.
- Among people aged 55 to 64 years, Francophones have a higher median income ($40,850) and a higher average income ($51,399) than Anglophones by about 9%. This is true for both men and women.
- Francophones aged 65 years and over have a lower median income ($22,252) than Anglophones by about 21%, and the average income ($31,185) is lower by approximately 17%. Among men, the difference is about 10%. Among women, the difference is more pronounced, at approximately 18%.

Thus, there is a marked difference in the incomes of Francophones and Anglophones and among people aged 65 years and over in both CMAs. This trend is true for both men and women in Windsor, while it is true for men only in London.

Data form the detailed 2006 Census questionnaire can be used to compare income by first official language spoken throughout the territory. However, due to the small numbers of French and English FOLS and French FOLS in some census divisions, data is not available by age group.

For all census divisions of the territory:

- For all age groups, people with French only as FOLS are fewer (27.5%) in the lower income brackets (less than $15,000) than Anglophones (34.0%). Proportionally more Francophones are in the medium brackets ($15,000 to $39,999) and in the higher brackets ($40,000 or more). However, 64.6% of those with both English and French as FOLS are in the lower income category.
- Among people aged 45 to 64 years in 2006 (aged 50 to 69 in 2011), the distribution by income category between Francophones and Anglophones is similar. English and French FOLS are more numerous in the higher and lower brackets, and fewer in the middle brackets.
- Among seniors aged 65 years and over in 2006 (70 years and over in 2011), the distribution by income category between Francophones and Anglophones is similar, but Francophones are a more concentrated in the middle category and proportionally fewer in the higher category.

Available data on the average income and the median income for the main census divisions where Francophones are concentrated are as follows:

- In Chatham-Kent, Francophones (French only FOLS) have a comparable average income and a slightly higher median income than Anglophones; among those aged 45 to 64 years in 2006, the average income is lower by 6% and among those aged 65 and over, the average income is lower by 13%.
- In Essex, Francophones (French only FOLS) have a comparable average income and a slightly higher median income than Anglophones; among those aged 45 to 64 years in 2006, the average income is lower by 5% and among those aged 65 years and over, the average income is lower by 11%.
- In Lambton, Francophones (French only FOLS) have a significantly higher average income and median income than Anglophones; among those aged 45 to 64 years in 2006, the average income is comparable and among those aged 65 years and over, the median income is lower by 14% and the average income is 47% higher.
- In Middlesex, Francophones (French only FOLS) have a significantly higher average income and median income than Anglophones; among those aged 45 to 64 years in 2006, the average income is comparable and among those aged 65 years and over, the median income is lower by 9.4% and the average income is comparable.

The following tables detail the available data on income.

Table 17: Median and average income according to first official language spoken and sex, Windsor CMA, 2011

Sex	Age Groups	Characteristics	Total	English FOLS	French FOLS	Difference (French FOLS –English FOLS)		English and French FOLS
						$	%	
Total – Sex	Total	Total – Income and earning statistics in 2010	259,045	245,325	8,800			1,720
		Without income	16,055	15,175	405			135
		With income	242,980	230,150	8,395			1,585
		Median income ($)	28,924	29,112	32,364	3,252	11.2%	19,817
		Average income ($)	37,971	38,124	41,743	3,619	9.5%	29,451
	55 to 64 years	Total – Income and earning statistics in 2010	40,735	38,365	1,675			150
		Without income	1,445	1,310	80			0
		With income	39,285	37,050	1,590			145
		Median income ($)	36,845	37,313	37,012	-301	-0.8%	20,725
		Average income ($)	44,816	44,724	56,675	11,951	26.7%	34,859
	65 years and over	Total – Income and earning statistics in 2010	45,025	40,220	3,030			190
		Without income	165	85	0			0
		With income	44,860	40,135	3,005			190
		Median income ($)	27,200	27,802	28,435	633	2.3%	32,421
		Average income ($)	34,725	35,394	33,637	-1,757	-5.0%	34,271

Sex	Age Groups	Characteristics	Total	English FOLS	French FOLS	Difference (French FOLS –English FOLS)		English and French FOLS
Male	Total	Total – Income and earning statistics in 2010	125,500	119,440	4,190			860
		Without income	6,605	6,310	150			55
		With income	118,895	113,135	4,040			810
		Median income ($)	36,664	36,840	39,730	2,890	7.8%	24,573
		Average income ($)	45,172	45,270	50,096	4,826	10.7%	32,690
	55 to 64 years	Total – Income and earning statistics in 2010	19,690	18,675	785			65
		Without income	115	110	0			0
		With income	19,570	18,565	780			70
		Median income ($)	45,873	46,033	46,602	569	1.2%	57,664
		Average income ($)	55,472	54,776	80,597	25,821	47.1%	41,971
	65 years and over	Total – Income and earning statistics in 2010	20,300	18,410	1,285			135
		Without income	0	0	0			0
		With income	20,290	18,400	1,285			140
		Median income ($)	35,998	36,421	33,972	-2,449	-6.7%	47,178
		Average income ($)	42,692	43,618	37,595	-6,023	-13.8%	39,677

Sex	Age Groups	Characteristics	Total	English FOLS	French FOLS	Difference (French FOLS –English FOLS)		English and French FOLS
Female	Total	Total – Income and earning statistics in 2010	133,540	125,880	4,610			860
		Without income	9,455	8,870	250			80
		With income	124,085	117,015	4,360			780
		Median income ($)	23,705	23,990	27,446	3,456	14.4%	16,642
		Average income ($)	31,071	31,214	33,995	2,781	8.9%	26,075
	55 to 64 years	Total – Income and earning statistics in 2010	21,045	19,690	890			80
		Without income	1,335	1,205	80			0
		With income	19,715	18,485	815			75
		Median income ($)	27,646	27,979	30,945	2,966	10.6%	17,105
		Average income ($)	34,235	34,630	33,694	-936	-2.7%	28,708
	65 years and over	Total – Income and earning statistics in 2010	24,725	21,810	1,740			55
		Without income	155	75	0			0
		With income	24,570	21,735	1,715			55
		Median income ($)	21,626	22,004	23,691	1,687	7.7%	16,683
		Average income ($)	28,145	28,431	30,674	2,243	7.9%	20,177

Source: National Household Survey: Income and Housing, topic-based tabulation, Statistics Canada catalog no. 99-014-X2011041.

Table 18: Median and average income according to first official language spoken and sex, London CMA, 2011

Sex	Age Groups	Characteristics	Total	English FOLS	French FOLS	Difference (French FOLS –English FOLS)		English and French FOLS
						$	%	
Total – Sex	Total	Total – Income and earning statistics in 2010	388,445	378,160	5,255			1,225
		Without income	19,050	18,390	120			210
		With income	369,395	359,770	5,135			1,015
		Median income ($)	29,772	29,945	34,103	4,158	13.9%	16,676
		Average income ($)	39,361	39,419	46,669	7,250	18.4%	38,141
	55 to 64 years	Total – Income and earning statistics in 2010	59,660	57,925	890			80
		Without income	1,485	1,400	15			0
		With income	58,175	56,525	875			75
		Median income ($)	37,164	37,393	40,850	3,457	9.2%	15,887
		Average income ($)	47,069	47,294	51,399	4,105	8.7%	31,650
	65 years and over	Total – Income and earning statistics in 2010	65,820	63,110	910			125
		Without income	60	30	0			0
		With income	65,760	63,080	905			125
		Median income ($)	27,550	28,130	22,252	-5,878	-20.9%	16,736
		Average income ($)	37,016	37,435	31,185	-6,250	-16.7%	51,691

Sex	Age Groups	Characteristics	Total	English FOLS	French FOLS	Difference (French FOLS –English FOLS)		English and French FOLS
Male	Total	Total – Income and earning statistics in 2010	186,570	182,410	2,235			525
		Without income	8,675	8,460	35			70
		With income	177,900	173,950	2,200			455
		Median income ($)	35,549	35,648	42,999	7,351	20.6%	27,067
		Average income ($)	46,034	45,961	59,295	13,334	29.0%	51,306
	55 to 64 years	Total – Income and earning statistics in 2010	28,675	27,890	390			60
		Without income	160	145	0			0
		With income	28,515	27,745	390			60
		Median income ($)	44,323	44,461	47,935	3,474	7.8%	15,914
		Average income ($)	57,433	57,622	65,239	7,617	13.2%	29,960
	65 years and over	Total – Income and earning statistics in 2010	29,405	28,435	350			70
		Without income	0	0	0			0
		With income	29,400	28,430	350			70
		Median income ($)	34,889	35,460	31,873	-3,587	-10.1%	41,948
		Average income ($)	45,857	46,069	41,238	-4,831	-10.5%	81,403

Sex	Age Groups	Characteristics	Total	English FOLS	French FOLS	Difference (French FOLS –English FOLS)		English and French FOLS
Female	Total	Total – Income and earning statistics in 2010	201,875	195,750	3,020			700
		Without income	10,375	9,935	90			140
		With income	191,500	185,820	2,935			555
		Median income ($)	25,592	25,809	26,852	1,043	4.0%	14,929
		Average income ($)	33,162	33,295	37,194	3,899	11.7%	27,377
	55 to 64 years	Total – Income and earning statistics in 2010	30,985	30,040	500			20
		Without income	1,325	1,255	15			0
		With income	29,660	28,785	485			20
		Median income ($)	30,575	30,919	36,189	5,270	17.0%	14,119
		Average income ($)	37,104	37,339	40,230	2,891	7.7%	37,195
	65 years and over	Total – Income and earning statistics in 2010	36,415	34,675	555			60
		Without income	55	30	0			0
		With income	36,360	34,650	555			60
		Median income ($)	23,054	23,554	19,348	-4,206	-17.9%	15,026
		Average income ($)	29,867	30,352	24,756	-5,596	-18.4%	18,563

Source: National Household Survey: Income and Housing, topic-based tabulation, Statistics Canada catalog no. 99-014-X2011041.

Table 19: Total income of population aged 15 years and over according to first official language spoken, Erie St. Clair and South West, 2006

Age Groups	Income level	Total	English FOLS		French FOLS		English and French FOLS	
			Number	%	Number	%	Number	%
Total	Total	1,234,940	1,196,545	100.0%	24,175	100.0%	3,680	100.0%
	Without income	52,240	50,400	4.2%	765	3.2%	410	11.1%
	With income	1,182,675	1,146,145	100.0%	23,405	100.0%	2,770	100.0%
	Under $1,000	43,780	42,145	3.7%	695	3.0%	170	6.1%
	$1,000 to $2,999	39,645	38,490	3.4%	490	2.1%	230	8.3%
	$3,000 to $4,999	38,385	37,225	3.2%	600	2.6%	220	7.9%
	$5,000 to $6,999	42,860	41,480	3.6%	715	3.1%	145	5.2%
	$7,000 to $9,999	69,335	67,225	5.9%	1,090	4.7%	230	8.3%
	$10,000 to $11,999	50,090	48,305	4.2%	745	3.2%	160	5.8%
	$12,000 to $14,999	68,225	64,955	5.7%	1,325	5.7%	225	8.1%
	Sub-total Under $15,000	404,560	390,225	34.0%	6,425	27.5%	1,790	64.6%
	$15,000 to $19,999	113,400	108,705	9.5%	2,445	10.4%	200	7.2%
	$20,000 to $24,999	92,270	89,125	7.8%	1,955	8.4%	275	9.9%
	$25,000 to $29,999	82,175	79,960	7.0%	1,600	6.8%	105	3.8%
	$30,000 to $34,999	82,965	80,715	7.0%	1,820	7.8%	95	3.4%
	$35,000 to $39,999	75,540	73,575	6.4%	1,585	6.8%	105	3.8%
	Sub-total $15,000 to $39,999	446,350	432,080	37.7%	9,405	40.2%	780	28.2%
	$40,000 to $44,999	63,605	61,955	5.4%	1,380	5.9%	105	3.8%
	$45,000 to $49,999	52,355	50,975	4.4%	1,180	5.0%	85	3.1%
	$50,000 to $59,999	82,045	80,035	7.0%	1,710	7.3%	90	3.2%
	$60,000 and over	185,970	181,270	15.8%	4,035	17.2%	345	12.5%
	Sub-total $40,000 and over	383,975	374,235	32.7%	8,305	35.5%	625	22.6%

Age Groups	Income level	Total	English FOLS		French FOLS		English and French FOLS	
			Number	%	Number	%	Number	%
45 to 64 years	Total	410,830	397,085	100.0%	9,720	100.0%	805	100.0%
	Without income	10,010	9,380	2.4%	350	3.6%	20	2.5%
	With income	400,800	387,720	100.0%	9,045	100.0%	405	100.0%
	Under $1,000	14,470	13,790	3.6%	355	3.9%	30	7.4%
	$1,000 to $2,999	9,680	9,270	2.4%	210	2.3%	20	4.9%
	$3,000 to $4,999	8,675	8,200	2.1%	320	3.5%	30	7.4%
	$5,000 to $6,999	10,205	9,650	2.5%	230	2.5%	10	2.5%
	$7,000 to $9,999	18,265	17,550	4.5%	435	4.8%	10	2.5%
	$10,000 to $11,999	15,320	14,770	3.8%	305	3.4%	10	2.5%
	$12,000 to $14,999	16,950	16,320	4.2%	300	3.3%	25	6.2%
	Sub-total Under $15,000	103,575	98,930	25.5%	2,505	27.7%	155	38.3%
	$15,000 to $19,999	25,835	24,840	6.4%	450	5.0%	40	9.9%
	$20,000 to $24,999	25,335	24,460	6.3%	520	5.7%	30	7.4%
	$25,000 to $29,999	23,645	22,975	5.9%	475	5.3%	0	0.0%
	$30,000 to $34,999	27,590	26,790	6.9%	610	6.7%	0	0.0%
	$35,000 to $39,999	27,805	27,060	7.0%	590	6.5%	10	2.5%
	Sub-total $15,000 to $39,999	130,210	126,125	32.5%	2,645	29.2%	80	19.8%
	$40,000 to $44,999	25,450	24,695	6.4%	595	6.6%	35	8.6%
	$45,000 to $49,999	21,865	21,200	5.5%	570	6.3%	30	7.4%
	$50,000 to $59,999	33,875	33,040	8.5%	715	7.9%	20	4.9%
	$60,000 and over	95,860	93,090	24.0%	2,395	26.5%	110	27.2%
	Sub-total $40,000 and over	177,050	172,025	44.4%	4,275	47.3%	195	48.1%

Age Groups	Income level	Total	English FOLS		French FOLS		English and French FOLS	
			Number	%	Number	%	Number	%
65 years and over	Total	214,585	203,710	100.0%	6,215	100.0%	360	100.0%
	Without income	3,080	2,905	1.4%	45	0.7%	,	,
	With income	211,500	200,805	100.0%	5,455	100.0%	,	,
	Under $1,000	840	670	0.3%	15	0.3%	,	,
	$1,000 to $2,999	675	525	0.3%	0	0.0%	,	,
	$3,000 to $4,999	695	615	0.3%	20	0.4%	,	,
	$5,000 to $6,999	2,820	2,630	1.3%	115	2.1%	,	,
	$7,000 to $9,999	8,210	7,690	3.8%	215	3.9%	,	,
	$10,000 to $11,999	9,010	8,340	4.2%	180	3.3%	,	,
	$12,000 to $14,999	21,155	19,250	9.6%	555	10.2%	,	,
	Sub-total Under $15,000	46,485	42,625	21.2%	1,145	21.0%	,	,
	$15,000 to $19,999	42,535	40,280	20.1%	1,190	21.8%	,	,
	$20,000 to $24,999	27,160	25,895	12.9%	750	13.7%	,	,
	$25,000 to $29,999	21,970	21,055	10.5%	575	10.5%	,	,
	$30,000 to $34,999	18,485	17,715	8.8%	505	9.3%	,	,
	$35,000 to $39,999	13,200	12,675	6.3%	385	7.1%	,	,
	Sub-total $15,000 to $39,999	123,350	117,620	58.6%	3,405	62.4%	,	,
	$40,000 to $44,999	9,775	9,400	4.7%	295	5.4%	,	,
	$45,000 to $49,999	7,060	6,865	3.4%	130	2.4%	,	,
	$50,000 to $59,999	11,155	10,845	5.4%	245	4.5%	,	,
	$60,000 and over	16,765	16,340	8.1%	290	5.3%	,	,
	Sub-total $40,000 and over	44,755	43,450	21.6%	960	17.6%	,	,

Source: Statistics Canada, DVD-ROM, *Portrait of Official-language Communities in Canada: 2006 Census.*

Table 20: Total income of population aged 15 years and over according to first official language spoken, Erie St. Clair, 2006

Age Groups	Income level	Total	English FOLS		French FOLS		English and French FOLS	
			Number	%	Number	%	Number	%
Total	Total	506,790	483,025	100.0%	15,880	100.0%	1,970	100.0%
	Without income	23,190	22,070	4.6%	520	3.3%	200	10.2%
	With income	483,590	460,950	100.0%	15,355	100.0%	1,600	100.0%
	Under $1,000	20,190	19,120	4.1%	470	3.1%	105	6.6%
	$1,000 to $2,999	16,780	16,135	3.5%	235	1.5%	165	10.3%
	$3,000 to $4,999	15,940	15,285	3.3%	335	2.2%	115	7.2%
	$5,000 to $6,999	17,570	16,790	3.6%	430	2.8%	80	5.0%
	$7,000 to $9,999	28,840	27,545	6.0%	725	4.7%	130	8.1%
	$10,000 to $11,999	20,145	19,120	4.1%	485	3.2%	60	3.8%
	$12,000 to $14,999	27,025	25,130	5.5%	930	6.1%	120	7.5%
	Sub-total Under $15,000	169,680	161,195	35.0%	4,130	26.9%	975	60.9%
	$15,000 to $19,999	44,515	41,605	9.0%	1,625	10.6%	125	7.8%
	$20,000 to $24,999	36,445	34,445	7.5%	1,365	8.9%	150	9.4%
	$25,000 to $29,999	31,595	30,130	6.5%	1,120	7.3%	65	4.1%
	$30,000 to $34,999	31,825	30,475	6.6%	1,150	7.5%	40	2.5%
	$35,000 to $39,999	28,990	27,700	6.0%	1,065	6.9%	60	3.8%
	Sub-total $15,000 to $39,999	173,370	164,355	35.7%	6,325	41.2%	440	27.5%
	$40,000 to $44,999	25,365	24,245	5.3%	960	6.3%	85	5.3%
	$45,000 to $49,999	21,235	20,360	4.4%	765	5.0%	50	3.1%
	$50,000 to $59,999	32,870	31,535	6.8%	1,175	7.7%	55	3.4%
	$60,000 and over	84,230	81,325	17.6%	2,515	16.4%	200	12.5%
	Sub-total $40,000 and over	163,700	157,465	34.2%	5,415	35.3%	390	24.4%

Age Groups	Income level	Total	English FOLS		French FOLS		English and French FOLS	
			Number	%	Number	%	Number	%
45 to 64 years	Total	167,265	158,775	100.0%	6,350	100.0%	450	100.0%
	Without income	4,835	4,390	2.8%	295	4.6%	0	0.0%
	With income	162,425	154,385	100.0%	6,060	100.0%	405	100.0%
	Under $1,000	6,370	5,895	3.8%	280	4.6%	30	7.4%
	$1,000 to $2,999	4,005	3,765	2.4%	115	1.9%	20	4.9%
	$3,000 to $4,999	3,605	3,320	2.2%	180	3.0%	30	7.4%
	$5,000 to $6,999	4,200	3,865	2.5%	160	2.6%	10	2.5%
	$7,000 to $9,999	7,470	7,005	4.5%	300	5.0%	10	2.5%
	$10,000 to $11,999	6,180	5,910	3.8%	190	3.1%	10	2.5%
	$12,000 to $14,999	6,640	6,295	4.1%	190	3.1%	25	6.2%
	Sub-total Under $15,000	43,305	40,445	26.2%	1,710	28.2%	135	33.3%
	$15,000 to $19,999	10,100	9,540	6.2%	290	4.8%	40	9.9%
	$20,000 to $24,999	9,690	9,145	5.9%	365	6.0%	30	7.4%
	$25,000 to $29,999	8,740	8,330	5.4%	355	5.9%	0	0.0%
	$30,000 to $34,999	10,190	9,740	6.3%	390	6.4%	0	0.0%
	$35,000 to $39,999	10,410	9,935	6.4%	410	6.8%	10	2.5%
	Sub-total $15,000 to $39,999	49,130	46,690	30.2%	1,810	29.9%	80	19.8%
	$40,000 to $44,999	10,140	9,670	6.3%	400	6.6%	35	8.6%
	$45,000 to $49,999	8,905	8,430	5.5%	415	6.8%	30	7.4%
	$50,000 to $59,999	13,085	12,575	8.1%	450	7.4%	20	4.9%
	$60,000 and over	42,695	40,945	26.5%	1,555	25.7%	110	27.2%
	Sub-total $40,000 and over	74,825	71,620	46.4%	2,820	46.5%	195	48.1%

Age Groups	Income level	Total	English FOLS		French FOLS		English and French FOLS	
			Number	%	Number	%	Number	%
65 years and over	Total	86,090	78,810	100.0%	4,685	100.0%	185	100.0%
	Without income	1,115	1,005	1.3%	0	0.0%	,	,
	With income	84,970	77,805	100.0%	4,665	100.0%	,	,
	Under $1,000	390	280	0.4%	15	0.3%	,	,
	$1,000 to $2,999	280	190	0.2%	0	0.0%	,	,
	$3,000 to $4,999	265	210	0.3%	10	0.2%	,	,
	$5,000 to $6,999	1,300	1,160	1.5%	105	2.3%	,	,
	$7,000 to $9,999	3,505	3,185	4.1%	180	3.9%	,	,
	$10,000 to $11,999	3,465	3,055	3.9%	155	3.3%	,	,
	$12,000 to $14,999	8,345	7,245	9.3%	465	10.0%	,	,
	Sub-total Under $15,000	18,665	16,330	21.0%	930	19.9%	,	,
	$15,000 to $19,999	15,530	14,140	18.2%	990	21.2%	,	,
	$20,000 to $24,999	10,860	9,915	12.7%	690	14.8%	,	,
	$25,000 to $29,999	8,870	8,150	10.5%	510	10.9%	,	,
	$30,000 to $34,999	7,720	7,170	9.2%	425	9.1%	,	,
	$35,000 to $39,999	5,710	5,290	6.8%	335	7.2%	,	,
	Sub-total $15,000 to $39,999	48,690	44,665	57.4%	2,950	63.2%	,	,
	$40,000 to $44,999	4,265	3,990	5.1%	225	4.8%	,	,
	$45,000 to $49,999	2,950	2,830	3.6%	105	2.3%	,	,
	$50,000 to $59,999	4,760	4,510	5.8%	230	4.9%	,	,
	$60,000 and over	6,770	6,490	8.3%	230	4.9%	,	,
	Sub-total $40,000 and over	18,745	17,820	22.9%	790	16.9%	,	,

Source: Statistics Canada, DVD-ROM, *Portrait of Official-language Communities in Canada: 2006 Census.*

Table 21: Total income of population aged 15 years and over according to first official language spoken, South West, 2006

Age Groups	Income level	Total	English FOLS		French FOLS		English and French FOLS	
			Number	%	Number	%	Number	%
Total	Total	728,150	713,520	100.0%	8,295	100.0%	1,710	100.0%
	Without income	29,050	28,330	4.0%	245	3.0%	210	12.3%
	With income	699,085	685,195	100.0%	8,050	100.0%	1,170	100.0%
	Under $1,000	23,590	23,025	3.4%	225	2.8%	65	5.6%
	$1,000 to $2,999	22,865	22,355	3.3%	255	3.2%	65	5.6%
	$3,000 to $4,999	22,445	21,940	3.2%	265	3.3%	105	9.0%
	$5,000 to $6,999	25,290	24,690	3.6%	285	3.5%	65	5.6%
	$7,000 to $9,999	40,495	39,680	5.8%	365	4.5%	100	8.5%
	$10,000 to $11,999	29,945	29,185	4.3%	260	3.2%	100	8.5%
	$12,000 to $14,999	41,200	39,825	5.8%	395	4.9%	105	9.0%
	Sub-total Under $15,000	234,880	229,030	33.4%	2,295	28.5%	815	69.7%
	$15,000 to $19,999	68,885	67,100	9.8%	820	10.2%	75	6.4%
	$20,000 to $24,999	55,825	54,680	8.0%	590	7.3%	125	10.7%
	$25,000 to $29,999	50,580	49,830	7.3%	480	6.0%	40	3.4%
	$30,000 to $34,999	51,140	50,240	7.3%	670	8.3%	55	4.7%
	$35,000 to $39,999	46,550	45,875	6.7%	520	6.5%	45	3.8%
	Sub-total $15,000 to $39,999	272,980	267,725	39.1%	3,080	38.3%	340	29.1%
	$40,000 to $44,999	38,240	37,710	5.5%	420	5.2%	20	1.7%
	$45,000 to $49,999	31,120	30,615	4.5%	415	5.2%	35	3.0%
	$50,000 to $59,999	49,175	48,500	7.1%	535	6.6%	35	3.0%
	$60,000 and over	101,740	99,945	14.6%	1,520	18.9%	145	12.4%
	Sub-total $40,000 and over	220,275	216,770	31.6%	2,890	35.9%	235	20.1%

Age Groups	Income level	Total	English FOLS		French FOLS		English and French FOLS	
			Number	%	Number	%	Number	%
45 to 64 years	Total	243,565	238,310	100.0%	3,370	100.0%	355	100.0%
	Without income	5,175	4,990	2.1%	55	1.6%	20	5.6%
	With income	238,375	233,335	100.0%	2,985	100.0%	,	,
	Under $1,000	8,100	7,895	3.4%	75	2.5%	,	,
	$1,000 to $2,999	5,675	5,505	2.4%	95	3.2%	,	,
	$3,000 to $4,999	5,070	4,880	2.1%	140	4.7%	,	,
	$5,000 to $6,999	6,005	5,785	2.5%	70	2.3%	,	,
	$7,000 to $9,999	10,795	10,545	4.5%	135	4.5%	,	,
	$10,000 to $11,999	9,140	8,860	3.8%	115	3.9%	,	,
	$12,000 to $14,999	10,310	10,025	4.3%	110	3.7%	,	,
	Sub-total Under $15,000	60,270	58,485	25.1%	795	26.6%	,	,
	$15,000 to $19,999	15,735	15,300	6.6%	160	5.4%	,	,
	$20,000 to $24,999	15,645	15,315	6.6%	155	5.2%	,	,
	$25,000 to $29,999	14,905	14,645	6.3%	120	4.0%	,	,
	$30,000 to $34,999	17,400	17,050	7.3%	220	7.4%	,	,
	$35,000 to $39,999	17,395	17,125	7.3%	180	6.0%	,	,
	Sub-total $15,000 to $39,999	81,080	79,435	34.0%	835	28.0%	,	,
	$40,000 to $44,999	15,310	15,025	6.4%	195	6.5%	,	,
	$45,000 to $49,999	12,960	12,770	5.5%	155	5.2%	,	,
	$50,000 to $59,999	20,790	20,465	8.8%	265	8.9%	,	,
	$60,000 and over	53,165	52,145	22.3%	840	28.1%	,	,
	Sub-total $40,000 and over	102,225	100,405	43.0%	1,455	48.7%	,	,

Age Groups	Income level	Total	English FOLS		French FOLS		English and French FOLS	
			Number	%	Number	%	Number	%
65 years and over	Total	128,495	124,900	100.0%	1,530	100.0%	175	100.0%
	Without income	1,965	1,900	1.5%	45	2.9%	,	,
	With income	126,530	123,000	100.0%	790	100.0%	,	,
	Under $1,000	450	390	0.3%	0	0.0%	,	,
	$1,000 to $2,999	395	335	0.3%	0	0.0%	,	,
	$3,000 to $4,999	430	405	0.3%	10	1.3%	,	,
	$5,000 to $6,999	1,520	1,470	1.2%	10	1.3%	,	,
	$7,000 to $9,999	4,705	4,505	3.7%	35	4.4%	,	,
	$10,000 to $11,999	5,545	5,285	4.3%	25	3.2%	,	,
	$12,000 to $14,999	12,810	12,005	9.8%	90	11.4%	,	,
	Sub-total Under $15,000	27,820	26,295	21.4%	215	27.2%	,	,
	$15,000 to $19,999	27,005	26,140	21.3%	200	25.3%	,	,
	$20,000 to $24,999	16,300	15,980	13.0%	60	7.6%	,	,
	$25,000 to $29,999	13,100	12,905	10.5%	65	8.2%	,	,
	$30,000 to $34,999	10,765	10,545	8.6%	80	10.1%	,	,
	$35,000 to $39,999	7,490	7,385	6.0%	50	6.3%	,	,
	Sub-total $15,000 to $39,999	74,660	72,955	59.3%	455	57.6%	,	,
	$40,000 to $44,999	5,510	5,410	4.4%	70	8.9%	,	,
	$45,000 to $49,999	4,110	4,035	3.3%	25	3.2%	,	,
	$50,000 to $59,999	6,395	6,335	5.2%	15	1.9%	,	,
	$60,000 and over	9,995	9,850	8.0%	60	7.6%	,	,
	Sub-total $40,000 and over	26,010	25,630	20.8%	170	21.5%	,	,

Source: Statistics Canada, DVD-ROM, *Portrait of Official-language Communities in Canada: 2006 Census.*

Table 22: Median and average income according to first official language spoken, census divisions of Erie St. Clair and the South West, 2006

Census division	Age Groups	Characteristic	Total	English FOLS	French FOLS	Difference (French FOLS –English FOLS)		English and French FOLS
						$	%	
Chatham-Kent (3536)	Total	Number	87,325	84,365	2,465			100
		Median income ($)	25,753	25,772	28,894	3,122	12.1%	
		Average income ($)	32,335	32,388	32,837	449	1.4%	
	45 to 64 years	Number	29,965	28,770	1,085			15
		Median income ($)	34,034	34,100	34,818	718	2.1%	
		Average income ($)	39,558	39,712	37,216	-2,496	-6.3%	
	65 years and over	Number	16,215	15,295	765			10
		Median income ($)	22,705	22,949	20,267	-2,682	-11.7%	
		Average income ($)	28,401	28,692	25,052	-3,640	-12.7%	
Essex (3537)	Total	Number	314,635	296,560	10,965			1,770
		Median income ($)	27,852	28,343	30,274	1,931	6.8%	15,159
		Average income ($)	36,830	37,214	37,007	-207	-0.6%	28,190
	45 to 64 years	Number	99,540	93,395	4,175			415
		Median income ($)	38,141	38,782	38,408	-374	-1.0%	34,672
		Average income ($)	46,486	47,002	44,799	-2,203	-4.7%	48,364
	65 years and over	Number	49,590	44,030	3,265			155
		Median income ($)	24,458	25,068	23,589	-1,479	-5.9%	
		Average income ($)	31,048	31,857	28,454	-3,403	-10.7%	
Lambton (3538)	Total	Number	104,830	102,100	2,450			100
		Median income ($)	26,772	26,778	29,624	2,846	10.6%	
		Average income ($)	36,351	36,208	44,221	8,013	22.1%	
	45 to 64 years	Number	37,760	36,610	1,090			20
		Median income ($)	35,786	35,765	38,355	2,590	7.2%	
		Average income ($)	46,739	46,768	47,134	366	0.8%	
	65 years and over	Number	20,285	19,485	655			20
		Median income ($)	25,775	25,958	22,313	-3,645	-14.0%	
		Average income ($)	33,070	32,644	48,085	15,441	47.3%	

Census division	Age Groups	Characteristic	Total	English FOLS	French FOLS	Difference (French FOLS –English FOLS)		English and French FOLS
						$	%	
Perth (3531)	Total	Number	58,960	58,310	395			70
		Median income ($)	27,935	27,977	30,547	2,570	9.2%	
		Average income ($)	33,678	33,685	39,957	6,272	18.6%	
	45 to 64 years	Number	19,340	19,110	180			20
		Median income ($)	35,240	35,303				
		Average income ($)	40,893	40,885				
	65 years and over	Number	10,525	10,315	105			15
		Median income ($)	22,974	23,134				
		Average income ($)	29,342	29,364				
Oxford (3532)	Total	Number	81,660	80,455	890			105
		Median income ($)	28,146	28,203	30,377	2,174	7.7%	
		Average income ($)	34,396	34,390	38,694	4,304	12.5%	
	45 to 64 years	Number	26,640	26,205	360			25
		Median income ($)	36,336	36,334	40,195	3,861	10.6%	
		Average income ($)	42,055	41,966	51,237	9,271	22.1%	
	65 years and over	Number	14,820	14,510	190			15
		Median income ($)	22,481	22,642				
		Average income ($)	28,690	28,846				
Elgin (3534)	Total	Number	67,320	66,175	735			30
		Median income ($)	27,172	27,237	33,762	6,525	24.0%	
		Average income ($)	33,346	33,407	36,526	3,119	9.3%	
	45 to 64 years	Number	22,615	22,135	340			20
		Median income ($)	34,000	34,204	36,449	2,245	6.6%	
		Average income ($)	40,558	40,749	37,904	-2,845	-7.0%	
	65 years and over	Number	11,060	10,780	140			10
		Median income ($)	22,760	22,994				
		Average income ($)	28,143	28,269				

Census division	Age Groups	Characteristic	Total	English FOLS	French FOLS	Difference (French FOLS –English FOLS)		English and French FOLS
						$	%	
Middlesex (3539)	Total	Number	342,870	333,000	4,820			1,360
		Median income ($)	27,611	27,920	30,960	3,040	10.9%	14,289
		Average income ($)	36,648	36,852	40,173	3,321	9.0%	25,637
	45 to 64 years	Number	109,675	106,375	1,765			235
		Median income ($)	36,918	37,126	40,989	3,863	10.4%	
		Average income ($)	48,958	49,300	50,451	1,151	2.3%	
	65 years and over	Number	54,680	52,230	790			125
		Median income ($)	24,329	24,948	22,597	-2,351	-9.4%	
		Average income ($)	32,008	32,438	33,195	757	2.3%	
Huron (3540)	Total	Number	47,580	47,170	280			55
		Median income ($)	25,192	25,210	31,932	6,722	26.7%	
		Average income ($)	31,597	31,610	32,977	1,367	4.3%	
	45 to 64 years	Number	16,595	16,405	140			25
		Median income ($)	31,612	31,602				
		Average income ($)	38,401	38,459				
	65 years and over	Number	10,015	9,925	75			10
		Median income ($)	21,733	21,753				
		Average income ($)	28,070	28,096				
Bruce (3541)	Total	Number	54,065	53,545	475			10
		Median income ($)	24,142	24,075	33,979	9,904	41.1%	
		Average income ($)	34,590	34,487	45,395	10,908	31.6%	
	45 to 64 years	Number	20,685	20,390	290			10
		Median income ($)	32,832	32,741	40,718	7,977	24.4%	
		Average income ($)	44,036	43,891	53,262	9,371	21.4%	
	65 years and over	Number	11,325	11,250	65			0
		Median income ($)	21,630	21,612				
		Average income ($)	29,109	29,128				

Census division	Age Groups	Characteristic	Total	English FOLS	French FOLS	Difference (French FOLS –English FOLS)		English and French FOLS
						$	%	
Grey (3542)	Total	Number	75,695	74,865	700			80
		Median income ($)	23,914	23,939	24,068	129	0.5%	
		Average income ($)	31,917	31,882	37,423	5,541	17.4%	
	45 to 64 years	Number	28,015	27,690	295			20
		Median income ($)	30,579	30,639	29,496	-1,143	-3.7%	
		Average income ($)	38,558	38,428	51,856	13,428	34.9%	
	65 years and over	Number	16,070	15,890	165			0
		Median income ($)	21,162	21,236				
		Average income ($)	28,840	28,918				

Source: Statistics Canada, DVD-ROM, *Portrait of Official-language Communities in Canada: 2006 Census.*

4.4 Immigration

Overall, for all urban areas of both regions combined (CMAs and census agglomerations - CAs), there are 198,025 immigrants, of which 4,840 have French as their first official language spoken (FOLS), alone or with English.

The Francophone immigrant population (18.7%) is proportionately as important as in the English-speaking community (16.7%). The relative proportion of immigrants who arrived in 2001 or afterwards is greater among Francophone immigrants (40.2%) than among English-speaking immigrants (22.5%). However, the proportion of newer immigrants within each linguistic group is similar for those aged 65 years and over (1.5% and 2.2% respectively).

- The Windsor CMA has 2,520 immigrants who have French as FOLS (21.3% of the French population), 335 of whom are aged 65 years and over (10.4% of Francophone seniors). In comparison, immigrants account for 21.5% of the Anglophone population and 36.7% among seniors.
- Leamington (CA) has 135 immigrants who have French as FOLS (19.3% of the French population), with none aged 65 years and over. In comparison, immigrants account for 20.2% of the Anglophone population and 33.9% among seniors.
- Chatham-Kent (CA) has 85 immigrants who have French as FOLS (3.6% of the French population), of which 40 are aged 65 years and over (5.3% of Francophone seniors). In comparison, immigrants account for 8.4% of the Anglophone population and 18.4% among seniors.
- Sarnia (CA) has 100 immigrants who have French as FOLS (5.0% of the French population), of which 35 are aged 65 years and over (5.5% of Francophone seniors). In comparison, immigrants account for 11.0% of the Anglophone population and 26.8% among seniors.
- The London CMA has 2,000 immigrants who have French as FOLS (25.5% of the French population), 245 of whom are aged 65 years and over (23.7% of Francophone seniors). In comparison, immigrants account for 18.0% of the Anglophone population and 32.9% among seniors.
- The Ingersoll, Woodstock, Tillsonburg, Stratford and Owen Sound CAs have a total of 1,070 Francophones, 270 of whom are aged 65 years and over. The National Household Survey data indicate that there are no French speaking immigrants in these areas.

The following tables provide detailed data on immigrants by first official language spoken, sex and period of immigration, for the total population and for the population aged 65 years and over living in households in the region's CMAs and CAs.

Table 23: Immigrant status and period of immigration according to first official language spoken and sex, all urban areas of Erie St. Clair and the South West, 2011

Immigrant status and period of immigration	Total – sex			Female			Male		
	Total	French FOLS (alone or with English)	English FOLS	Total	French FOLS (alone or with English)	English FOLS	Total	French FOLS (alone or with English)	English FOLS
Total – entire population	1,144,510	25,835	1,108,470	558,180	11,910	542,425	586,335	13,895	566,070
Non-immigrants	937,285	20,700	914,930	459,390	9,490	449,080	477,890	11,165	465,850
Immigrants	198,025	4,840	185,165	93,990	2,225	88,920	104,030	2,585	96,240
% immigrants	17.3%	18.7%	16.7%	16.8%	18.7%	16.4%	17.7%	18.6%	17.0%
Before 1971	60,250	565	58,665	27,965	300	27,335	32,270	245	31,335
1971 to 1980	26,320	215	25,005	12,255	90	11,760	14,075	105	13,250
1981 to 1990	27,830	705	25,920	13,640	350	12,855	14,185	315	13,050
1991 to 2000	36,905	1,280	33,935	17,695	605	16,565	19,205	660	17,370
2001 to 2011	46,725	1,945	41,635	22,430	775	20,425	24,290	1,135	21,215
% immigrants in last 10 years	23.6%	40.2%	22.5%	23.9%	34.8%	23.0%	23.3%	43.9%	22.0%
2001 to 2005	22,925	875	21,135	11,140	370	10,440	11,790	485	10,690
2006 to 2011	23,785	1,055	20,495	11,285	400	9,970	12,485	650	10,510
% immigrants in last 5 years	12.0%	21.8%	11.1%	12.0%	18.0%	11.2%	12.0%	25.1%	10.9%
Total – 65 years and over	172,795	5,990	163,010	77,505	2,625	73,660	95,300	3,345	89,345
Non-immigrants	118,345	5,305	112,970	52,455	2,245	50,185	65,880	3,065	62,790
Immigrants	54,025	655	49,670	24,835	360	23,275	29,185	245	26,390
% immigrants	31.3%	10.9%	30.5%	32.0%	13.7%	31.6%	30.6%	7.3%	29.5%
Before 1971	39,395	330	38,125	18,045	185	17,525	21,335	130	20,605
1971 to 1980	7,295	40	6,475	3,450	0	3,145	3,840	10	3,320
1981 to 1990	3,020	75	2,305	1,520	15	1,255	1,475	0	1,025
1991 to 2000	2,375	70	1,525	920	25	690	1,410	15	800
2001 to 2011	1,850	10	1,115	830	0	605	1,010	0	510
% immigrants in last 10 years	3.4%	1.5%	2.2%	3.3%	0.0%	2.6%	3.5%	0.0%	1.9%
2001 to 2005	980	0	595	500	0	385	485	0	215
2006 to 2011	855	0	490	320	0	210	510	0	280
% immigrants in last 5 years	1.6%	0.0%	1.0%	1.3%	0.0%	0.9%	1.7%	0.0%	1.1%

Note: Data is available only for census metropolitan areas (CMAs) and census agglomerations (CAs), for people living in households. The Francophone population in the CMAs and CAs of the region accounts for 87.5% of the total Francophone population of all census divisions of the region (25,835 of 29,525). The Francophone population aged 65 years and over in the CMAs and CAs of the region accounts for 84.1% of the total 65+ Francophone population of all census divisions of the region (5,990 of 7,125).

Source: National Household Survey: Immigration and Ethnocultural Diversity, topic-based tabulation, Statistics Canada catalog no. 99-010-XWF2011031.

Table 24: Immigrant status and period of immigration according to first official language spoken and sex, Windsor CMA, 2011

Immigrant status and period of immigration	Total – sex			Female			Male		
	Total	French FOLS (alone or with English)	English FOLS	Total	French FOLS (alone or with English)	English FOLS	Total	French FOLS (alone or with English)	English FOLS
Total – entire population	315,460	11,825	299,755	154,565	5,660	147,525	160,890	6,160	152,235
Non-immigrants	242,160	9,145	232,525	119,590	4,385	114,965	122,570	4,760	117,560
Immigrants	70,290	2,520	64,495	33,290	1,160	31,035	37,000	1,365	33,455
% immigrants	22.3%	21.3%	21.5%	21.5%	20.5%	21.0%	23.0%	22.2%	22.0%
Before 1971	17,330	305	16,715	8,025	140	7,810	9,300	160	8,910
1971 to 1980	8,710	90	8,240	4,125	40	3,940	4,590	40	4,300
1981 to 1990	8,590	300	7,930	4,260	165	3,980	4,330	145	3,945
1991 to 2000	17,345	770	15,735	8,340	390	7,710	9,005	380	8,025
2001 to 2011	18,310	1,060	15,870	8,540	425	7,600	9,770	635	8,270
% immigrants in last 10 years	26.0%	42.1%	24.6%	25.7%	36.6%	24.5%	26.4%	46.5%	24.7%
2001 to 2005	9,085	435	8,245	4,375	220	4,055	4,705	215	4,190
2006 to 2011	9,225	625	7,625	4,165	200	3,540	5,060	420	4,080
% immigrants in last 5 years	13.1%	24.8%	11.8%	12.5%	17.2%	11.4%	13.7%	30.8%	12.2%
Total – 65 years and over	45,025	3,215	40,220	20,305	1,425	18,405	24,725	1,790	21,810
Non-immigrants	28,275	2,875	25,390	12,550	1,210	11,340	15,730	1,670	14,055
Immigrants	16,645	335	14,750	7,710	215	7,025	8,935	120	7,725
% immigrants	37.0%	10.4%	36.7%	38.0%	15.1%	38.2%	36.1%	6.7%	35.4%
Before 1971	11,120	185	10,645	5,105	95	4,925	6,020	80	5,720
1971 to 1980	2,165	10	1,865	1,085	0	945	1,080	10	920
1981 to 1990	970	15	720	460	15	355	510	0	360
1991 to 2000	1,405	70	880	575	25	430	830	15	450
2001 to 2011	990	0	635	485	0	375	505	0	265
% immigrants in last 10 years	5.9%	0.0%	4.3%	6.3%	0.0%	5.3%	5.7%	0.0%	3.4%
2001 to 2005	575	0	345	295	0	225	285	0	120
2006 to 2011	415	0	295	190	0	150	225	0	140
% immigrants in last 5 years	2.5%	0.0%	2.0%	2.5%	0.0%	2.1%	2.5%	0.0%	1.8%

Note: Data is available only for census metropolitan areas (CMAs) and census agglomerations (CAs), for people living in households. The Francophone population in the Windsor CMA accounts for 89.4% of the total Francophone population of the Essex census division (11,825 of 13,220). The Francophone population aged 65 years and over in the Windsor CMA accounts for 91.7% of the total 65+ Francophone population of the Essex census division (3,215 of 3,505).

Source: National Household Survey: Immigration and Ethnocultural Diversity, topic-based tabulation, Statistics Canada catalog no. 99-010-XWF2011031.

Table 25: Immigrant status and period of immigration according to first official language spoken and sex, Leamington CA, 2011

Immigrant status and period of immigration	Total – sex			Female			Male		
	Total	French FOLS (alone or with English)	English FOLS	Total	French FOLS (alone or with English)	English FOLS	Total	French FOLS (alone or with English)	English FOLS
Total – entire population	46,565	700	44,975	23,110	380	22,415	23,455	320	22,560
Non-immigrants	36,155	560	35,385	18,155	295	17,765	18,005	250	17,620
Immigrants	9,820	135	9,095	4,705	80	4,425	5,115	25	4,670
% immigrants	21.1%	19.3%	20.2%	20.4%	21.1%	19.7%	21.8%	7.8%	20.7%
Before 1971	2,960	0	2,835	1,395	0	1,350	1,560	0	1,490
1971 to 1980	1,770	0	1,570	855	0	775	915	0	790
1981 to 1990	1,770	55	1,575	815	0	745	955	0	825
1991 to 2000	1,730	10	1,650	800	0	780	925	0	870
2001 to 2011	1,590	0	1,465	835	0	780	755	0	690
% immigrants in last 10 years	16.2%	0.0%	16.1%	17.7%	0.0%	17.6%	14.8%	0.0%	14.8%
2001 to 2005	715	0	690	405	0	395	310	0	295
2006 to 2011	875	0	780	430	0	385	445	0	395
% immigrants in last 5 years	8.9%	0.0%	8.6%	9.1%	0.0%	8.7%	8.7%	0.0%	8.5%
Total – 65 years and over	7,260	85	6,885	3,280	35	3,160	3,980	50	3,720
Non-immigrants	4,630	85	4,545	2,110	35	2,070	2,520	50	2,475
Immigrants	2,605	0	2,335	1,175	0	1,090	1,430	0	1,245
% immigrants	35.9%	0.0%	33.9%	35.8%	0.0%	34.5%	35.9%	0.0%	33.5%
Before 1971	1,840	0	1,740	845	0	810	995	0	925
1971 to 1980	545	0	435	225	0	195	325	0	235
1981 to 1990	155	0	115	75	0	55	80	0	60
1991 to 2000	55	0	35	30	0	20	25	0	15
2001 to 2011	10	0	10	0	0	0	0	0	0
% immigrants in last 10 years	0.4%	-	0.4%	0.0%	-	0.0%	0.0%	-	0.0%
2001 to 2005	0	0	0	0	0	0	0	0	0
2006 to 2011	0	0	0	0	0	0	0	0	0
% immigrants in last 5 years	0.0%	-	0.0%	0.0%	-	0.0%	0.0%	-	0.0%

Note: Data is available only for census metropolitan areas (CMAs) and census agglomerations (CAs), for people living in households. The Francophone population in the Leamington CA accounts for 5.3% of the total Francophone population of the Essex census division (700 of 13,220). The Francophone population aged 65 years and over in the Leamington CA accounts for 2.4% of the total 65+ Francophone population of the Essex census division (85 of 3,505).

Source: National Household Survey: Immigration and Ethnocultural Diversity, topic-based tabulation, Statistics Canada catalog no. 99-010-XWF2011031.

Table 26: Immigrant status and period of immigration according to first official language spoken and sex, Chatham-Kent CA, 2011

Immigrant status and period of immigration	Total – sex			Female			Male		
	Total	French FOLS (alone or with English)	English FOLS	Total	French FOLS (alone or with English)	English FOLS	Total	French FOLS (alone or with English)	English FOLS
Total – entire population	102,075	2,365	99,270	49,900	1,035	48,660	52,180	1,325	50,610
Non-immigrants	93,075	2,275	90,620	45,555	980	44,475	47,520	1,290	46,145
Immigrants	8,695	85	8,380	4,185	40	4,055	4,505	35	4,330
% immigrants	8.5%	3.6%	8.4%	8.4%	3.9%	8.3%	8.6%	2.6%	8.6%
Before 1971	3,620	35	3,555	1,660	30	1,630	1,955	0	1,925
1971 to 1980	1,200	0	1,160	620	0	605	575	0	560
1981 to 1990	1,270	0	1,205	600	0	580	670	0	625
1991 to 2000	1,175	0	1,155	620	0	605	550	0	550
2001 to 2011	1,440	15	1,315	680	0	640	760	0	670
% immigrants in last 10 years	16.6%	17.6%	15.7%	16.2%	0.0%	15.8%	16.9%	0.0%	15.5%
2001 to 2005	905	0	870	420	0	405	485	0	465
2006 to 2011	530	0	445	260	0	235	270	0	210
% immigrants in last 5 years	6.1%	0.0%	5.3%	6.2%	0.0%	5.8%	6.0%	0.0%	4.8%
Total – 65 years and over	17,065	750	16,220	7,825	350	7,445	9,245	400	8,780
Non-immigrants	13,940	715	13,220	6,305	325	5,980	7,640	390	7,240
Immigrants	3,105	40	2,985	1,515	25	1,460	1,590	0	1,525
% immigrants	18.2%	5.3%	18.4%	19.4%	7.1%	19.6%	17.2%	0.0%	17.4%
Before 1971	2,480	30	2,410	1,200	25	1,165	1,280	0	1,250
1971 to 1980	390	0	360	205	0	185	185	0	175
1981 to 1990	135	0	115	60	0	60	70	0	55
1991 to 2000	45	0	45	15	0	20	25	0	30
2001 to 2011	55	0	45	30	0	30	25	0	20
% immigrants in last 10 years	1.8%	0.0%	1.5%	2.0%	0.0%	2.1%	1.6%	-	1.3%
2001 to 2005	40	0	30	20	0	15	20	0	15
2006 to 2011	20	0	0	0	0	0	0	0	0
% immigrants in last 5 years	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	0.0%

Note: Data is available only for census metropolitan areas (CMAs) and census agglomerations (CAs), for people living in households. The Francophone population in the Chatham-Kent CA accounts for 90.4% of the total Francophone population of the Chatham-Kent census division (2,365 of 2,615). The Francophone population aged 65 years and over in the Chatham-Kent CA accounts for 94.9% of the total 65+ Francophone population of the Chatham-Kent census division (750 of 790).

Source: National Household Survey: Immigration and Ethnocultural Diversity, topic-based tabulation, Statistics Canada catalog no. 99-010-XWF2011031.

Table 27: Immigrant status and period of immigration according to first official language spoken and sex, Sarnia CA, 2011

Immigrant status and period of immigration	Total – sex			Female			Male		
	Total	French FOLS (alone or with English)	English FOLS	Total	French FOLS (alone or with English)	English FOLS	Total	French FOLS (alone or with English)	English FOLS
Total – entire population	88,180	2,020	86,020	42,910	910	41,915	45,275	1,110	44,110
Non-immigrants	78,185	1,920	76,220	38,445	865	37,545	39,745	1,055	38,675
Immigrants	9,630	100	9,445	4,300	40	4,205	5,330	60	5,235
% immigrants	10.9%	5.0%	11.0%	10.0%	4.4%	10.0%	11.8%	5.4%	11.9%
Before 1971	4,735	25	4,680	2,250	15	2,215	2,485	0	2,465
1971 to 1980	1,925	15	1,895	750	0	740	1,170	0	1,160
1981 to 1990	805	0	800	340	0	340	465	0	450
1991 to 2000	730	0	720	305	0	305	425	0	415
2001 to 2011	1,435	25	1,355	650	10	600	785	0	750
% immigrants in last 10 years	14.9%	25.0%	14.3%	15.1%	25.0%	14.3%	14.7%	0.0%	14.3%
2001 to 2005	955	25	900	445	0	405	510	0	495
2006 to 2011	480	0	450	205	0	195	275	0	260
% immigrants in last 5 years	5.0%	0.0%	4.8%	4.8%	0.0%	4.6%	5.2%	0.0%	5.0%
Total – 65 years and over	15,660	635	14,945	7,175	285	6,845	8,485	335	8,100
Non-immigrants	11,455	600	10,840	5,235	275	4,960	6,215	325	5,880
Immigrants	4,110	35	4,010	1,885	0	1,830	2,225	0	2,175
% immigrants	26.2%	5.5%	26.8%	26.3%	0.0%	26.7%	26.2%	0.0%	26.9%
Before 1971	3,260	0	3,225	1,545	0	1,520	1,720	0	1,705
1971 to 1980	615	15	585	250	0	235	365	0	350
1981 to 1990	125	0	115	60	0	60	65	0	60
1991 to 2000	50	0	45	0	0	0	45	0	40
2001 to 2011	60	0	35	25	0	10	35	0	20
% immigrants in last 10 years	1.5%	0.0%	0.9%	1.3%	-	0.5%	1.6%	-	0.9%
2001 to 2005	0	0	0	0	0	0	0	0	0
2006 to 2011	50	0	25	20	0	15	25	0	15
% immigrants in last 5 years	1.2%	0.0%	0.6%	1.1%	-	0.8%	1.1%	-	0.7%

Note: Data is available only for census metropolitan areas (CMAs) and census agglomerations (CAs), for people living in households. The Francophone population in the Sarnia CA accounts for 80.3% of the total Francophone population of the Lambton census division (2,020 of 2,515). The Francophone population aged 65 years and over in the Sarnia CA accounts for 80.9% of the total 65+ Francophone population of the Lambton census division (635 of 785).

Source: National Household Survey: Immigration and Ethnocultural Diversity, topic-based tabulation, Statistics Canada catalog no. 99-010-XWF2011031.

Table 28: Immigrant status and period of immigration according to first official language spoken and sex, London CMA, 2011

Immigrant status and period of immigration	Total – sex			Female			Male		
	Total	French FOLS (alone or with English)	English FOLS	Total	French FOLS (alone or with English)	English FOLS	Total	French FOLS (alone or with English)	English FOLS
Total – entire population	467,260	7,855	454,740	227,230	3,465	221,995	240,030	4,395	232,745
Non-immigrants	374,875	5,765	368,410	182,865	2,515	180,035	192,005	3,250	188,380
Immigrants	87,655	2,000	81,985	41,950	905	39,700	45,705	1,100	42,285
% immigrants	18.8%	25.5%	18.0%	18.5%	26.1%	17.9%	19.0%	25.0%	18.2%
Before 1971	25,675	200	25,000	11,980	115	11,690	13,700	85	13,315
1971 to 1980	10,825	110	10,290	4,990	50	4,810	5,835	65	5,480
1981 to 1990	14,050	350	13,090	7,000	185	6,590	7,050	170	6,500
1991 to 2000	14,675	500	13,460	7,060	215	6,610	7,615	280	6,855
2001 to 2011	22,425	845	20,135	10,920	340	10,000	11,510	500	10,135
% immigrants in last 10 years	25.6%	42.3%	24.6%	26.0%	37.6%	25.2%	25.2%	45.5%	24.0%
2001 to 2005	10,520	415	9,685	5,100	150	4,795	5,420	270	4,890
2006 to 2011	11,905	430	10,450	5,815	200	5,205	6,090	230	5,245
% immigrants in last 5 years	13.6%	21.5%	12.7%	13.9%	22.1%	13.1%	13.3%	20.9%	12.4%
Total – 65 years and over	65,820	1,035	63,110	29,405	425	28,435	36,415	615	34,680
Non-immigrants	42,980	785	42,165	18,915	300	18,605	24,060	485	23,560
Immigrants	22,660	245	20,775	10,390	120	9,735	12,270	125	11,040
% immigrants	34.4%	23.7%	32.9%	35.3%	28.2%	34.2%	33.7%	20.3%	31.8%
Before 1971	16,655	115	16,110	7,625	65	7,385	9,020	50	8,725
1971 to 1980	3,000	15	2,680	1,405	0	1,315	1,600	0	1,370
1981 to 1990	1,490	60	1,105	770	0	635	720	0	470
1991 to 2000	780	0	485	300	0	220	485	0	265
2001 to 2011	735	10	390	290	0	190	445	0	205
% immigrants in last 10 years	3.2%	4.1%	1.9%	2.8%	0.0%	2.0%	3.6%	0.0%	1.9%
2001 to 2005	365	0	220	185	0	145	180	0	80
2006 to 2011	370	0	170	110	0	45	260	0	125
% immigrants in last 5 years	1.6%	0.0%	0.8%	1.1%	0.0%	0.5%	2.1%	0.0%	1.1%

Note: Data is available only for census metropolitan areas (CMAs) and census agglomerations (CAs), for people living in households. The London CMA extends over most of the Middlesex CD, as well as the central part of the Elgin CD, including St. Thomas. The Francophone population in the London CMA accounts for 98.8% of the total Francophone population of Middlesex and Elgin combined (7,855 of 7,950). The Francophone population aged 65 years and over in the London CMA accounts for 82.5% of the total 65+ Francophone population of Middlesex and Elgin (1,035 of 1,255).

Source: National Household Survey: Immigration and Ethnocultural Diversity, topic-based tabulation, Statistics Canada catalog no. 99-010-XWF2011031.

4.5 Health Indicators

Annual health indicator estimates for 2012 are presented for both LHIN areas, based on the percentage of prevalence reported by the CCHS. Estimates of the Francophone population responding to each indicator are based on population counts from the 2011 Census, based on the demographic weight of Francophones (FOLS) for the age group 65 years and over.

These numbers are orders of magnitude. They can be modulated, although approximately, using the comparison relative to language for each health indicator, which is available only for 2009-2010, for all age groups, for both genders, for all of Ontario.

It is noted in particular that Francophones have a significantly less positive profile for the following indicators:

- Chronic diseases: arthritis, diabetes, asthma, high blood pressure and chronic obstructive pulmonary disease (COPD);
- Pain, discomfort and activity limitation;
- Smoking and exposure to second-hand smoke;
- Overweight and obesity;
- Sense of community belonging;
- Regular medical doctor.
- It should be noted that cancer, heart disease, neurological disorders and dementias are not among the list of indicators of the survey for which a comparison is available by language.

4.5.1 Comparison of the Prevalence of Health Indicators in Ontario according to First Official Language Spoken

Note: The following data refer to the population of Ontario in 2009-2010 (all age groups, both sexes).

Indicators for which Ontario Francophones (French only FOLS) have a more positive profile than the general population are (asterisks* indicate where the difference is important):

- Perceived health, very good or excellent;
- Life satisfaction;
- Fruit and vegetable consumption;
- Physical activity*;
- Influenza immunization*;
- Mood disorder;
- Functional health;
- Injuries causing limitation of activity or requiring medical attention.

Indicators for which Francophones have a less positive profile that the general population of the province are as follows (asterisks* indicate where the difference is important):

- Perceived health, fair or poor;
- Perceived mental health;
- Perceived stress;
- Chronic diseases: arthritis, diabetes, asthma, high blood pressure and COPD*;
- Pain, discomfort and activity limitation*;
- Smoking and exposure to second-hand smoke*;
- Alcohol;
- Overweight and obesity*;

- Sense of community belonging*;
- Regular medical doctor*.

Table 29: Comparison of the prevalence of main health indicators of the ESCC in Ontario according to first official language spoken, all age groups, 2009-2010

Indicator	Total	First official language spoken, French		First official language spoken, English and French	
	%	%	Difference with total population	%	Difference with total population
Perceived health, very good or excellent	61.00	61.80	0.80	65.90	4.90
Perceived health, fair or poor	11.90	12.10	0.20	8.80	-3.10
Perceived mental health, very good or excellent	74.30	72.50	-1.80	74.60	0.30
Perceived mental health, fair or poor	5.70	5.50	-0.20	5.00	-0.70
Life satisfaction, satisfied or very satisfied	91.50	92.70	1.20	86.40	-5.10
Perceived life stress, quite a lot (15 years and over)	24.00	25.50	1.50	30.00	6.00
Arthritis	17.30	21.50	4.20	11.20	-6.10
Diabetes	6.80	7.00	0.20	F	
Asthma	8.30	9.50	1.20	F	
High blood pressure	17.40	19.10	1.70	11.40	-6.00
Pain or discomfort by severity, moderate or severe	11.80	12.60	0.80	13.00	1.20
Pain or discomfort that prevents activities	13.50	13.50	0.00	11.50	-2.00
Participation and activity limitation, sometimes or often	28.20	33.00	4.80	15.30	-12.90
Current smoker, daily or occasional	18.90	20.90	2.00	17.70	-1.20
Presently smokes, every day	14.50	16.40	1.90	11.60	-2.90
Exposure to second-hand smoke at home	5.20	5.10	-0.10	F	
Exposure to second-hand smoke in the past month, in vehicles and/or public areas	15.80	16.80	1.00	13.30	-2.50
Exposure to second-hand smoke in the past month, in vehicles	6.50	7.30	0.80	F	
Exposure to second-hand smoke in the past month, in public areas	12.10	13.40	1.30	12.30	0.20
5 or more drinks on one occasion, at least once a month in the past year	15.90	17.70	1.80	5.40	-10.50
Fruit and vegetable consumption, 5 times or more per day	43.20	44.30	1.10	50.30	7.10
Physical activity during leisure time, moderately active or active	50.50	53.70	3.20	53.00	2.50

Indicator	Total	First official language spoken, French		First official language spoken, English and French	
	%	%	Difference with total population	%	Difference with total population
Physical activity during leisure time, inactive	49.50	46.30	-3.20	47.00	-2.50
Body mass index, self-reported, adult (18 years and over), overweight or obese	52.00	54.00	2.00	33.90	-18.10
Body mass index, self-reported, adult (18 years and over), overweight	34.00	34.70	0.70	27.40	-6.60
Body mass index, self-reported, adult (18 years and over), obese	18.00	19.30	1.30	6.50	-11.50
Sense of belonging to local community, somewhat strong or very strong	67.40	62.40	-5.00	65.90	-1.50
Has a regular medical doctor	91.10	89.00	-2.10	78.50	-12.60
Contact with a medical doctor in the past 12 months	82.20	82.70	0.50	76.50	-5.70
Influenza immunization, less than one year ago	31.20	37.30	6.10	26.40	-4.80
Mood disorder	6.80	6.70	-0.10	4.20	-2.60
Functional health, good to full	79.90	80.60	0.70	83.20	3.30
Injuries in the past 12 months causing limitation of normal activities	14.30	12.40	-1.90	15.80	1.50
Injuries in the past 12 months requiring medical follow-up	7.70	7.00	-0.70	9.30	1.60
Chronic obstructive pulmonary disease (COPD)	4.20	4.90	0.70	F	

Note: F = Too unreliable to be published

Source: Statistics Canada. *Table 105-0504 – Health indicator profile, by linguistic characteristic (mother tongue, first official language spoken), two-year period estimates, by sex, Canada, provinces and territories,* CANSIM database, site accessed November 18, 2013.

4.5.2 Erie St. Clair LHIN, Francophones Aged 65 Years and Over

Demographic weight of Francophones (FOLS)	3.0%
Demographic weight of Francophones among people 65 years and over	5.3%
Number of Francophones aged 65 years and over	5,080

Table 30: Estimate of the prevalence for the main health indicators of the CCCHS among Francophones aged 65 years and over, Erie St. Clair LHIN, 2012

Indicator	Both sexes		Men		Women	
	%	Number	%	Number	%	Number
Perceived health, very good or excellent	43.10	2,189	50.70	1,161	37.10	1,030
Perceived health, fair or poor	26.50	1,346	23.40	536	28.90	802
Perceived mental health, very good or excellent	69.10	3,510	67.50	1,546	70.30	1,951
Perceived mental health, fair or poor	4.60	234	F		6.80	189
Life satisfaction, satisfied or very satisfied	89.40	4,542	92.20	2,111	87.20	2,420
Perceived life stress, quite a lot (15 years and over)	12.20	620	6.60	151	16.70	463
Arthritis	49.80	2,530	43.90	1,005	54.70	1,518
Diabetes	21.10	1,072	22.90	524	19.50	541
Asthma	5.70	290	F		8.30	230
High blood pressure	47.50	2,413	41.10	941	52.60	1,460
Pain or discomfort by severity, moderate or severe	24.30	1,234	14.80	339	31.90	885
Pain or discomfort that prevents activities	24.10	1,224	16.20	371	30.60	849
Participation and activity limitation, sometimes or often	53.80	2,733	46.20	1,058	60.00	1,665
Current smoker, daily or occasional	14.80	752	17.40	398	12.60	350
Presently smokes, every day	13.90	706	15.90	364	12.20	339
Exposure to second-hand smoke at home	F		F		F	
Exposure to second-hand smoke in the past month, in vehicles and/or public areas	5.10	259	4.90	112	F	
Exposure to second-hand smoke in the past month, in vehicles	F		F		F	
Exposure to second-hand smoke in the past month, in public areas	3.40	173	3.30	76	F	
5 or more drinks on one occasion, at least once a month in the past year	F		F		F	
Fruit and vegetable consumption, 5 times or more per day	36.50	1,854	24.30	556	46.10	1,279
Physical activity during leisure time, moderately active or active	37.80	1,920	45.30	1,037	32.00	888
Physical activity during leisure time, inactive	62.20	3,160	54.70	1,253	68.00	1,887

Indicator	Both sexes		Men		Women	
	%	Number	%	Number	%	Number
Body mass index, self-reported, adult (18 years and over), overweight or obese	59.40	3,018	63.50	1,454	55.90	1,551
Body mass index, self-reported, adult (18 years and over), overweight	40.90	2,078	45.70	1,047	36.80	1,021
Body mass index, self-reported, adult (18 years and over), obese	18.40	935	17.80	408	19.00	527
Sense of belonging to local community, somewhat strong or very strong	70.10	3,561	74.10	1,697	67.00	1,859
Has a regular medical doctor	96.80	4,917	96.70	2,214	96.90	2,689
Contact with a medical doctor in the past 12 months	89.70	4,557	87.50	2,004	91.40	2,536
Influenza immunization, less than one year ago	71.40	3,627	69.50	1,592	72.90	2,023
Mood disorder	6.80	345	F		9.10	253
Functional health, good to full	63.70	3,236	71.60	1,640	57.10	1,585
Injuries in the past 12 months causing limitation of normal activities	7.40	376	F		8.10	225
Injuries in the past 12 months requiring medical follow-up	4.90	249	F		4.80	133
Chronic obstructive pulmonary disease (COPD)	7.10	361	F		11.00	305

Note: F = Too unreliable to be published

Source: Statistics Canada. *Table 105-0501 – Health indicator profile, by age group and sex, Canada, provinces, territories, health regions (2012 boundaries) and peer groups, occasional,* CANSIM database, site accessed November 18, 2013.

4.5.3 South West LHIN, Francophones Aged 65 Years and Over

Demographic weight of Francophones (FOLS)	1.2%
Demographic weight of Francophones among people 65 years and over	1.4%
Number of Francophones aged 65 years and over	2,045

Table 31: Estimate of the prevalence for the main health indicators of the CCCHS among Francophones aged 65 years and over, South West LHIN, 2012

Indicator	Both sexes		Men		Women	
	%	Number	%	Number	%	Number
Perceived health, very good or excellent	47.60	973	44.80	410	49.80	563
Perceived health, fair or poor	23.00	470	28.10	257	18.80	212
Perceived mental health, very good or excellent	73.00	1,493	69.40	635	75.70	855
Perceived mental health, fair or poor	5.50	112	F		4.90	55
Life satisfaction, satisfied or very satisfied	89.40	1,828	93.30	854	86.50	977
Perceived life stress, quite a lot (15 years and over)	10.10	207	8.30	76	11.60	131
Arthritis	52.70	1,078	50.70	464	54.40	615
Diabetes	15.80	323	17.80	163	14.30	162
Asthma	6.80	139	6.50	59	7.00	79
High blood pressure	46.40	949	41.20	377	50.70	573
Pain or discomfort by severity, moderate or severe	24.30	497	18.10	166	29.40	332
Pain or discomfort that prevents activities	24.10	493	18.00	165	29.10	329
Participation and activity limitation, sometimes or often	56.40	1,153	62.90	576	51.10	577
Current smoker, daily or occasional	9.30	190	7.30	67	11.00	124
Presently smokes, every day	8.20	168	6.90	63	9.20	104
Exposure to second-hand smoke at home	2.80	57	F		F	
Exposure to second-hand smoke in the past month, in vehicles and/or public areas	9.90	202	13.80	126	6.50	73
Exposure to second-hand smoke in the past month, in vehicles	3.40	70	F		F	
Exposure to second-hand smoke in the past month, in public areas	7.50	153	9.50	87	5.60	63
5 or more drinks on one occasion, at least once a month in the past year	5.30	108	8.40	77	F	
Fruit and vegetable consumption, 5 times or more per day	44.00	900	41.60	381	45.80	518
Physical activity during leisure time, moderately active or active	42.50	869	51.70	473	35.70	403
Physical activity during leisure time, inactive	57.50	1,176	48.30	442	64.30	727
Body mass index, self-reported, adult (18 years and over), overweight or obese	56.40	1,153	61.20	560	53.00	599
Body mass index, self-reported, adult (18 years and over), overweight	37.80	773	40.30	369	35.90	406
Body mass index, self-reported, adult (18 years and over), obese	18.60	380	20.80	190	17.10	193
Sense of belonging to local community,	73.40	1,501	65.40	598	79.40	897

Indicator	Both sexes		Men		Women	
	%	Number	%	Number	%	Number
somewhat strong or very strong						
Has a regular medical doctor	96.20	1,967	92.40	845	99.40	1,123
Contact with a medical doctor in the past 12 months	84.70	1,732	82.30	753	86.70	980
Influenza immunization, less than one year ago	68.50	1,401	64.90	594	71.10	803
Mood disorder	5.90	121	4.80	44	6.80	77
Functional health, good to full	64.50	1,319	63.90	585	64.90	733
Injuries in the past 12 months causing limitation of normal activities	12.30	252	F		13.30	150
Injuries in the past 12 months requiring medical follow-up	7.20	147	F		10.40	118
Chronic obstructive pulmonary disease (COPD)	9.90	202	12.90	118	7.50	85

Note: F = Too unreliable to be published

Source: Statistics Canada. *Table 105-0501 – Health indicator profile, by age group and sex, Canada, provinces, territories, health regions (2012 boundaries) and peer groups, occasional,* CANSIM database, site accessed November 18, 2013.

5 Data from the 2013 Survey on the Health of Francophones and the Use of Health Services in the Erie St. Clair and South West LHINs

The Entity conducted a survey of the Francophone population of the territory in the summer and fall of 2012. This survey focused on various topics related to health and health care, including general health and lifestyle, the use of health services, the availability of health services in French as well as chronic diseases and disorders. Much of the survey questions were adapted from Statistics Canada's Canadian Community Health Survey (CCHS).

The Entity encouraged community groups to distribute the questionnaire to their members or invite them to complete the questionnaire online. Of the 1,500 responses received, 1,139 respondents met the criteria and their responses were used for the analysis. The survey reached a total of 306 respondents (99 men and 206 women) aged 65 years and over who describe themselves as being Francophone (French being their mother tongue, their official language of choice or their language of culture).

Estimates obtained for people aged 65 years and over through the CCHS data were compared to those obtained following the 2013 survey sponsored by the Entity.

The general finding is as follows:

Some indicators show data of a comparable order of magnitude in the CCHS and the 2013 survey, while others show significant differences.

Comparable results:

- Perceived health, very good or excellent;
- Perceived health, fair or poor;
- Perceived mental health, very good or excellent;
- Level of stress;

- Sense of community belonging;
- Regular medical doctor.

Less positive profile in survey compared with CCHS:

- Perceived mental health, fair or poor;
- Fruit and vegetable consumption;
- Alcohol consumption;
- Diabetes;
- Level of physical activity.

More positive profile in survey compared with CCHS:

- Obesity (perceived);
- Smoking.

It is not possible to confirm the representativeness of survey respondents regarding the description of lifestyle and the prevalence of health problems. However, the 2013 survey remains a useful reference tool as it is more complete and focused, especially regarding chronic diseases and access to health services.

5.1 Questions Relating to Socio-Economic Status

1. What is the highest degree you have earned?

Answer	Frequency	Count
No certificate, diploma or degree	22%	66
Secondary school diploma or equivalent	20%	61
Apprenticeship or trades certificate or diploma	12%	37
College, CEGEP or other non-university certificate or diploma	12%	37
University certificate or diploma below the bachelor level	6%	19
Bachelor's degree	7%	20
University certificate, diploma or degree above bachelor level	7%	22
Do not know	13%	38
Total		300

2. To the best of your knowledge, what was the total income of your household (before taxes and other deductions) in the past 12 months?

Answer	Frequency	Count
Less than $20,000	19%	56
$20,000 - $40,000	31%	93
$40,000 - $80,000	26%	79
$80,000 - $150,000	7%	22
$150,000 or more	3%	8
Do not know	14%	42
Total		300

3. In the past 12 months, did you spend one third (1/3) or more of your income on housing?

Answer	Frequency	Count
Yes	36%	107
No	49%	146

Answer	Frequency	Count
Do not know	16%	47
Total		300

4. In the past 12 months, did you reduce your portions or skip meals because there was not enough money to buy food?

Answer	Frequency	Count
Yes	4%	11
No	88%	263
Do not know	9%	26
Total		300

5. In the past 12 months, did you choose not to buy a prescribed medication or other necessary medical supplies because of their cost?

Answer	Frequency	Count
Yes	5%	15
No	84%	253
Do not know	11%	32
Total		300

6. How many people live in your household?

Answer	Frequency	Count
1	36%	109
2	57%	171
3	5%	14
4	1%	2
5 or more	1%	4
Total		300

7. What is your employment status?

Answer	Frequency	Count
Stay-at-home parent	1%	4
Unemployed	3%	10
Employed	6%	19
Retired	88%	265
Student	1%	2
Total		300

5.2 Questions Relating to Lifestyle and Health Status

8. Do you consider yourself to be:

Answer	Frequency	Count
Overweight?	25%	74
Underweight?	1%	2
About normal weight?	68%	205
Do not know	7%	21
Total		302

The CCHS reveals a much higher rate than the survey.

Estimate – number of total number of Francophones aged 65 years or over:	Erie St. Clair LHIN (5,080 individuals)	South West LHIN (2,045 individuals)
According to survey (perceived)	1,270	511
According to CCHS (BMI)	3,018	1,153

9. In general, would you say your health is:

Answer	Frequency	Count
Excellent?	9%	26
Very good?	31%	94
Good?	36%	110
Fair?	20%	59
Poor?	3%	8
Do not know	2%	5
Total		302

The CCHS reveals a rate of excellent or very good health comparable to that obtained with the survey.

Estimate – number of total number of Francophones aged 65 years or over:	Erie St. Clair LHIN (5,080 individuals)	South West LHIN (2,045 individuals)
According to survey	2,032	818
According to CCHS	2,189	973

The CCHS reveals a rate of fair or poor health comparable to that obtained with the survey.

Estimate – number of total number of Francophones aged 65 years or over:	Erie St. Clair LHIN (5,080 individuals)	South West LHIN (2,045 individuals)
According to survey	1,168	470
According to CCHS	1,346	470

10. In general, would you say your mental health is:

Answer	Frequency	Count
Excellent?	29%	88
Very good?	37%	112
Good?	24%	72
Fair?	9%	26
Poor?	1%	2
Do not know	1%	2
Total		302

The CCHS reveals a rate of excellent or very good mental health comparable to that obtained with the survey.

Estimate – number of total number of Francophones aged 65 years or over:	Erie St. Clair LHIN (5,080 individuals)	South West LHIN (2,045 individuals)
According to survey	3,353	1,350
According to CCHS	3,510	1,493

The CCHS reveals a rate of fair or poor mental health much lower than that obtained with the survey.

Estimate – number of total number of Francophones aged 65 years or over:	Erie St. Clair LHIN (5,080 individuals)	South West LHIN (2,045 individuals)
According to survey	508	204
According to CCHS	234	112

11. In regard to the level of stress in your life, would you say that most of your days are:

Answer	**Frequency**	**Count**
Not stressful at all?	16%	49
Not very stressful?	36%	109
Somewhat stressful?	32%	97
Quite a bit stressful?	10%	30
Extremely stressful?	2%	5
Do not know	4%	12
Total		302

The CCHS reveals a rate of stress comparable to that obtained with the survey.

Estimate – number of total number of Francophones aged 65 years or over:	Erie St. Clair LHIN (5,080 individuals)	South West LHIN (2,045 individuals)
According to survey	610	245
According to CCHS	620	207

12. How would you describe your sense of belonging to your local community? Would you say it is:

Answer	**Frequency**	**Count**
Very strong?	28%	86
Somewhat strong?	48%	146
Somewhat weak?	13%	39
Very weak?	4%	12
Do not know	6%	19
Total		302

The CCHS reveals sense of belonging to the local community comparable to the rate obtained with the survey.

Estimate – number of total number of Francophones aged 65 years or over:	Erie St. Clair LHIN (5,080 individuals)	South West LHIN (2,045 individuals)
According to survey	3,861	1,554
According to CCHS	3,561	1,501

13. Do you take part in social activities at least once a week?

Answer	Frequency	Count
Yes	74%	223
No	26%	79
Total		302

14. In the past 12 months, have you done anything to improve your health? (For example, lost weight, quit smoking, increased exercise...)

Answer	Frequency	Count
Yes	74%	224
No	21%	62
Do not know	5%	16
Total		302

15. What is the single most important change you have made?

Answer	Frequency	Count
Increased exercise, sports / physical activity	39%	88
Lost weight	12%	27
Changed diet / improved eating habits	15%	34
Quit smoking / reduced amount smoked	3%	6
Drank less alcohol	2%	5
Reduced stress level	4%	8
Received medical treatment	6%	13
Took vitamins	11%	24
Other - please specify:	0%	0
Do not know	9%	20
Total		225

16. What do you do to maintain or improve your health? Check all items that apply.

Answer	Frequency	Count
Regular check of blood pressure	48%	145
Annual blood test to verify blood sugar and cholesterol	68%	205
Annual eye examination	74%	222
Annual physical check-up	63%	191
Imunization against influenza	58%	176
Regular screening of cervical cancer (PAP smear test)	22%	65
Breast self-examination	29%	87
Regular mammography	35%	106
Regular screening of prostate cancer	18%	53
Screening of colorectal cancer	32%	97
Visit to the destist (dental exam)	53%	159
Nothing	4%	11
Other - please specify:	2%	6
Total		302

17. Do you have mobility issues?

Answer	Frequency	Count
Yes	18%	54
No	78%	235
Do not know	4%	13
Total		302

18. Do you require assistance to accomplish certain activities of your day-to-day life such as bathing, getting dressed, feeding yourself, etc.?

Answer	Frequency	Count
Yes	5%	14
No	93%	282
Do not know	2%	6
Total		302

19. What type of assistance de you need? Check all items that apply.

Answer	Frequency	Count
Preparing meals	21%	3
Getting to appointments or run errands such as grocery shopping	64%	9
Doing everyday housework	50%	7
Personal care such as bathing, dressing, eating and taking medications	29%	4
Moving about inside your residence	21%	3
Looking after your personal finances, such as making bank transactions or paying bills	29%	4
Using a wheelchair	14%	2
Using another type of mobility device	36%	5
Other - please specify:	29%	4
Total		14

20. How would you describe your normal capacity to remember things?

Answer	Frequency	Count
Able to remember most things	77%	234
Somewhat forgetful	18%	53
Very forgetful	2%	6
Unable to remember anything	0%	0
Do not know	3%	9
Total		302

21. How would you describe your normal capacity to think and find solutions to everyday issues?

Answer	Frequency	Count
Able to think clearly and solve day-to-day problems	83%	252
Little difficulty when trying to think and solve day-to-day problems	9%	28
Some difficulty when trying to think and solve day-to-day problems	2%	6
Great difficulty when trying to think and solve day-to-day problems s	1%	3
Unable to think and solve day-to-day problems	0%	1
Do not know	4%	12
Total		302

22. Do you eat at least 5 fruits or vegetables every day?

Answer	Frequency	Count
Yes	65%	196
No	33%	100
Do not know	2%	6
Total		302

The CCHS reveals a much lower rate than that obtained with the survey.

Estimate – number of total number of Francophones aged 65 years or over:	Erie St. Clair LHIN (5,080 individuals)	South West LHIN (2,045 individuals)
According to survey	3,302	1,329
According to CCHS	1,854	900

23. How many minutes per week do you spend doing moderate intensity physical activities (brisk walking, dancing, gardening) or high intensity activities (running, aerobic dancing, skipping rope)?

Answer	Frequency	Count
Less than 20 minutes	29%	88
20-60 minutes	27%	82
60-90 minutes	12%	36
90-120 minutes	8%	24
120-150 minutes	7%	22
More than 150 minutes	13%	40
Do not know	3%	10
Total		302

The CCHS reveals a rate of sufficient physical activity somewhat higher than that obtained with the survey.

Estimate – number of total number of Francophones aged 65 years or over:	Erie St. Clair LHIN (5,080 individuals)	South West LHIN (2,045 individuals)
According to survey	1,422	573
According to CCHS	1,920	869

The CCHS reveals a rate of insufficient physical activity somewhat lower than that obtained with the survey.

Estimate – number of total number of Francophones aged 65 years or over:	Erie St. Clair LHIN (5,080 individuals)	South West LHIN (2,045 individuals)
According to survey	3,454	1 391
According to CCHS	3,160	1 176

24. In a typical week, de you spend more than two (2) hours per day doing sedentary activities (e.g., computer, video games, television, reading), outside of work or school?

Answer	**Frequency**	**Count**
Yes	70%	210
No	25%	74
Do not know	6%	18
Total		302

25. Do you smoke regularly?

Answer	**Frequency**	**Count**
Yes	4%	12
No	94%	284
Do not know	2%	6
Total		302

The CCHS reveals a smoking rate considerably higher than that obtained with the survey.

Estimate – number of total number of Francophones aged 65 years or over:	Erie St. Clair LHIN (5,080 individuals)	South West LHIN (2,045 individuals)
According to survey (regularly)	203	82
According to CCHS (every day)	706	168

26. How many cigarettes de you smoke each day?

Answer	**Frequency**	**Count**
Occasionally	0%	0
0-12 cigarettes/day	67%	8
More than 12 cigarettes/day	33%	4
Do not know	0%	0
Total		12

27. In the past 12 months, how often did you drink alcoholic beverages?

Answer	Frequency	Count
Never	23%	70
Less than once a month	17%	52
Once a month	5%	14
2 to 3 times a month	18%	53
Once a week	2%	5
2 to 3 times a week	15%	46
4 to 6 times a week	8%	24
Every day	10%	31
Do not know	2%	7
Total		302

28. In the past 12 months, how many times did you drink 5 glasses or more of alcohol one a single occasion?

Answer	Frequency	Count
Never	72%	217
Less than once a month	8%	25
Once a month	5%	16
2 to 3 times a month	5%	15
Once a week	2%	5
2 to 3 times a week	2%	6
4 to 6 times a week	0%	1
Every day	1%	2
Do not know	5%	14
Total		301

The CCHS reveals a high alcohol consumption rate considerably higher than that obtained with the survey (data available for the South West LHIN only).

Estimate – number of total number of Francophones aged 65 years or over:	Erie St. Clair LHIN (5,080 individuals)	South West LHIN (2,045 individuals)
According to survey	762	307
According to CCHS	n/a	108

29. Do you take more than one prescription drug (prescribed by a doctor)?

Answer	Frequency	Count
Yes	70%	210
No	28%	84
Do not know	2%	7
Total		301

30. In the past 12 months, how many times did you place a bet or spend money on gambling, such as lottery tickets, bingo, card games, video lottery terminals, slot machines, etc.?

Answer	Frequency	Count
Every day	0%	1
2 to 6 times a week	5%	16
Approximately once a week	16%	48
2 to 3 times a month	6%	18
Approximately once a month	10%	31
6 to 11 times a year	6%	18
1 to 5 times a year	22%	65
Never	33%	100
Do not know	1%	4
Total		301

31. Have you been diagnosed with an illness or a health condition by a doctor?

Answer	Frequency	Count
Yes	55%	164
No	36%	109
Do not know	9%	26
Total		299

32. Which of the following illnesses do you have? Check all items that apply.

Answer	Frequency	Count
Bone and joint disease	61%	100
Lung disease	17%	28
Diabetes	28%	45
Kidney disease	4%	6
Cancer	10%	17
Heart and blood vessel disease	52%	85
Mental illness	4%	7
Other health disorders	10%	16
Total		163

The CCHS reveals a diabetes rate notably lower than that obtained with the survey.

Estimate – number of total number of Francophones aged 65 years or over:	Erie St. Clair LHIN (5,080 individuals)	South West LHIN (2,045 individuals)
According to survey	1,422	573
According to CCHS	1,072	323

5.3 Questions Regarding Access to Health Services

33. Do you have a regular medical doctor?

Answer	Frequency	Count
Yes	96%	290
No	3%	10
Do not know	0%	1
Total		301

34. The CCHS reveals a rate of access to a regular doctor comparable to that obtained with the survey.

Estimate – number of total number of Francophones aged 65 years or over:	Erie St. Clair LHIN (5,080 individuals)	South West LHIN (2,045 individuals)
According to survey	4,877	1,963
According to CCHS	4,917	1,967

35. Why do you NOT have a regular doctor? Check all items that apply.

Answer	Frequency	Count
There are no doctors in the region	0%	0
There are no French speaking doctors in the region	18%	2
No doctor is taking new patients in the region	9%	1
I have not tried to get a doctor	27%	3
My doctor left or retired	36%	4
Other - please specify:	0%	0
Do not know	18%	2
Total		11

36. Do you normally speak French with your doctor?

Answer	Frequency	Count
Yes	9%	27
No	89%	258
Do not know	2%	5
Total		290

37. Wher do you normally go when you are sick?

Answer	Frequency	Count
Doctor's office	86%	259
Community health centre	2%	7
Walk-in clinic	3%	9
Appointment clinic	3%	8
Pharmacist	1%	3
Telephone health line (fo example Telehealth Ontario)	0%	0
Hospital emergency room	3%	8
Hospital outpatient clinic	0%	0
Other - please specify:	1%	4
Do not know	1%	3
Total		301

38. Where do you normally go when you need health-related information or advice?

Answer	Frequency	Count
Doctor's office	72%	216
Community health centre	2%	6
Walk-in clinic	3%	8
Appointment clinic	3%	8
Pharmacist	8%	23
Family/Friends	2%	5
Telephone health line (fo example Telehealth Ontario)	2%	5
Internet	5%	15
Hospital emergency room	1%	4
Other - please specify:	1%	4
Do not know	2%	7
Total		301

39. In the past 12 months, did you see or talk to one of the following health professionals regarding you physical, emotional or mental health? Check all items that apply.

Answer	Frequency	Count
Allergist (allergy specialist)	3%	9
Audiologist (hearing specialist)	11%	34
Chiroprator	19%	58
Dental specialist, such as a dentist, dental hygienist or orthodontist	48%	145
Eye specialist, such as an ophthalmologist or optometrist	64%	193
Family doctor / General practitioner	63%	189
Nurse	5%	15
Occupational therapist (rehabilitation)	0%	1
Orthopedist	3%	8
Paediatrician	1%	4
Pharmacist	29%	86
Psychotherapist	6%	19
Psychiatrist	1%	3
Psychologist	1%	2
Social worker or counsellor	1%	3
Speech-language pathologist	0%	1
Surgeon	6%	19
Other	5%	16
Do not know	9%	28
Total		301

40. In the past 12 months, did you receive home care services?

Answer	Frequency	Count
Yes	7%	20
No	91%	275
Do not know	2%	6
Total		301

41. Who paid for these home services?

Answer	Frequency	Count
Government	70%	14
Private insurance	5%	1
Myself	20%	4
Other - please specify:	0%	0
Do not know	5%	1
Total		20

42. What types of services did you receive?

Answer	Frequency	Count
Nursing care (for example, changing of dressing, preparation of medication, visits from a nurse)	35%	7
Other health care services (for example, physiotherapy, occupational therapy, speech-language therapy, nutritional advice)	40%	8
Medical equipment or material	20%	4
Personal care (for example, bath, foot care)	30%	6
Housework (for example, cleaning, laundry)	30%	6
Meal preparation or delivery	10%	2
Shopping	10%	2
Respite services (caregiver support)	0%	0
Other - please specify:	5%	1
Do not know	10%	2
Total		20

43. In the past 12 months, did you visit a hospital emergency room?

Answer	Frequency	Count
Yes	26%	78
No	71%	214
Do not know	3%	9
Total		301

44. In the past 12 months, how many times did you go to a hospital emergency room?

Answer	Frequency	Count
1-2 times	85%	66
3-4 times	15%	12
5-6 times	0%	0
More than 6 times	0%	0
Do not know	0%	0
Total		78

45. Regarding your most recent visit to a hospital emergency room, what was the main reason?

Answer	Frequency	Count
Cold, pain or other minor physical problem	14%	11
Tiredness, anxiety, stress or sleep problem	6%	5
Renewing a prescription (medication)	1%	1
Medical exam	12%	9
Obtaining a note from the doctor	1%	1
Accident or injury	19%	15
Heart attack or cerebral vascular accident (stroke)	5%	4
Other life-threatening problems - please specify:	6%	5
Complications from an existing condition	8%	6
Other - please specify:	23%	18
Do not know	4%	3
Total		78

46. Why did you not go elsewhere to seek care for your minor problem?

Answer	Frequency	Count
My family doctor was not available	56%	15
Wait time for an appointment was too long	19%	5
I thought it would not be appropriate	4%	1
I did not know where to go/I don't have a family doctor	11%	3
Other - please specify:	4%	1
Do not know	19%	5
Total		27

47. In general, do you ask to be served in French?

Answer	Frequency	Count
Yes	32%	97
No	64%	192
Do not know	4%	12
Total		301

48. Why do you NOT ask for services in French? Check all items that apply.

Answer	Frequency	Count
I don't think of asking for services in French	23%	47
I speak English	36%	74
Quality services are not available in French	30%	62
I don't want to wait	7%	14
I was not offered services in French	28%	57
Other - please specify:	4%	8
Do not know	11%	23
Total		204

49. Does your health professional offer you information in French, such as information from your pharmacist regarding your medication, or instructions you need to follow after a visit to the emergency room?

Answer	Frequency	Count
Yes	7%	21
No	82%	246
Do not know	11%	34
Total		301

50. In your opinion, what factors constitute barriers to obtaining health services in French? Check all items that apply.

Answer	Frequency	Count
Travel distance required	10%	31
Shortage/lack of Francophone health professionals	55%	167
Negative attitude of staff	10%	29
Hours of operation of clinics and health centres	3%	8
Discrimination against Francophone patients	8%	24
Quality of services	4%	12
Other - please specify:	7%	20
Do not know	25%	75
Total		301

51. Do you know of health services that are available in French in the region?

Answer	Frequency	Count
Yes, specify:	13%	38
No	72%	217
Do not know	15%	46
Total		301

52. If the following services were available in French in your community, which ones would you use? Check all items that apply.

Answer	Frequency	Count
Support groups or self-help groups	20%	60
Tai-chi, yoga and art classes	15%	45
Nutrition and exercise classes	29%	87
Conferences and workshops on my specific condition	19%	57
Day programs	9%	27
End of life care	18%	54
Home care	17%	50
Primary care (family doctor, nurse practitioner)	29%	88
Long-term care	17%	51
Respite services	5%	15
Other - please specify:	4%	11
None	10%	31
Do not know	27%	80
Total		301

53. Overall, how would you rate the availability of French language health services in the region? Would you say the availability is:

Answer	Frequency	Count
excellent?	1%	3
good?	6%	17
fair?	22%	66
poor?	45%	135
Do not know	27%	80
Total		301

54. How important to you is the fact of receiving health services in French?

Answer	Frequency	Count
Very important	38%	113
Important	34%	102
Somewhat important	19%	58
Not important	9%	28
Total		301

55. Do you care for another person at home?

Answer	Frequency	Count
Yes	7%	21
No	90%	271
Do not know	3%	9
Total		301

56. What is the reason?

Answer	Frequency	Count
Dementia	19%	4
Cancer	10%	2
Rehabilitation	0%	0
Chronic disease	33%	7
Problem that alters quality of life	19%	4
End of life care	0%	0
Other - please specify:	19%	4
Total		21

57. What is your relation to this person?

Answer	Frequency	Count
Spouse	67%	14
Parent	0%	0
Child	10%	2
Sibling	19%	4
Other - please specify:	5%	1
Total		21

58. As a caregiver, do you feel you have access to the necessary support services?

Answer	Frequency	Count
Yes	45%	9
No	55%	11
Total		20

Section IV: Services and Housing for Francophone Seniors

This section of the document describes the services offered to Francophone seniors according to the level of services outlined in the conceptual framework of the *Living Longer, Living Well* report (Sinha, 2012).

First, the section presents the conceptual framework and looks at how French language services are nested in the South West LHIN logic model.

Eldercare services are presented in four parts that match the levels of services described in the conceptual framework:

- Long-term care facilities;
- Private housing with community support and supportive housing;
- Community support services;
- Independent community living.

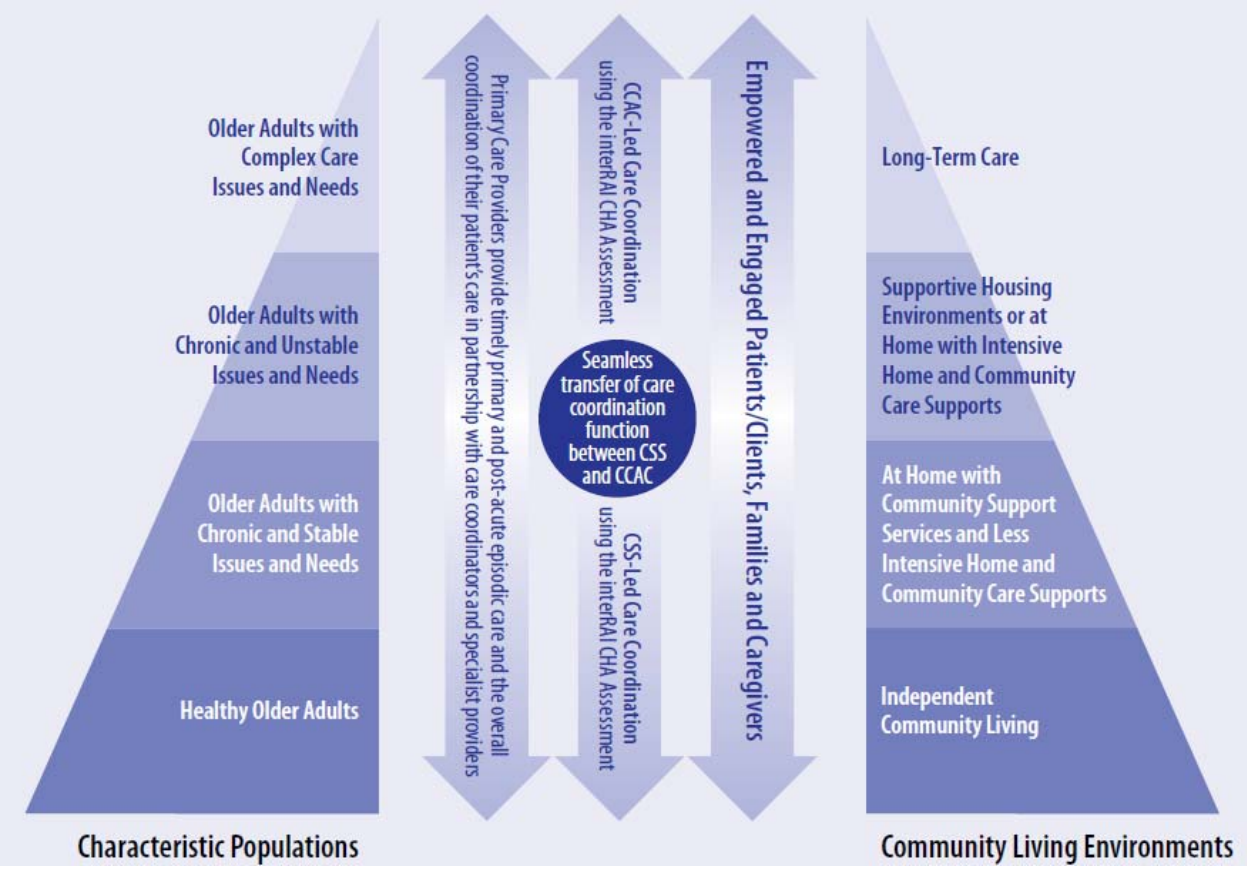
Finally, the section presents the needs expressed during focus group sessions and interviews with Francophone seniors and key informants.

1 Conceptual Framework and Logic Model

1.1 Conceptual Framework Supporting a Collaborative and Integrated Community-Based Care Coordination Model

In its report to the Ministry of Health and Long-Term Care entitled *Living Longer, Living Well*, Sinha (2012) proposed the following framework to model the integration of community care for seniors. This model provides an overview of the progression of support services to seniors, according to their general health.

Figure 3: Conceptual framework supporting a collaborative and integrated community-based care coordination model



Source: Sinha (2012), page 78.

The services and housing options available for Francophone seniors of the Erie St. Clair and South West LHINs are described according to this model, i.e. moving through the pyramid from top to bottom.

1.2 Logic Model of the South West LHIN

The draft logic model for the South West LHIN can help identify where French language services fit, in the context of outcomes for the region. This logic model includes the Francophone dimension in the overall objectives relating to the delivery of health services and programs, and in regional and provincial strategies.

The following elements can be identified:

- The designation process under the *French Language Services Act*;
- The integration of a French language dimension into health and aging strategies (Aging at Home, Health Link, etc.);
- The integration of a French language dimension into direct services to seniors (WrapAround, CCACs, Mental Health, Healthline, etc.).

Figure 4: Draft LHIN Level Francophone Logic Model - South West LHIN

IHSP 2013-2016 - DRAFT LHIN Level Francophone Logic Model – Linking Objectives, Priorities, Actions, Initiatives and Outcomes

System Level Objectives	**Improve Population Health and Wellness**	**Improve Person Experience with the Health System**	**Improve the Sustainability of our Health System**	
Strategic Directions	**Enhance Access to Family Health Care**	**Enhance Coordination and Transitions of Care for Targeted Populations**	**Support Evidence Based Practice to Drive Safety**	**Maintain & Leverage the Gains to Increase the Value of our Healthcare System for the People We Serve**
Objectives	1. Increase timely access to appropriate family health care 2. Integrate family health care as the first point of contact for people living with multiple complex and chronic conditions and those at risk 3. Increase access to inter professional teams in and across health care settings 4. Divert avoidable ER visits to the appropriate care setting 5. Better integrate family health care with other local and regional health services supporting the care journey	1. Respond to the needs of the population of people with the greatest unmet health care need utilizing a significant proportion of the health care resources 2. Create a collaborative person-centered response to better support the growing population of people living with chronic conditions and, those at risk 3. Enable people to manage their own health	1. Identify the most common preventable safety issues that cross the continuum of care 2. Drive implementation of coordinated prevention strategies in care transitions (falls, wounds, adverse drug events, infections) 3. Partner to strengthen prevention strategies in order to help people stay safe at home	1. Continue to drive improvements in access to appropriate care (emergency, surgery, diagnostic procedures) 2. Maximize capacity and efficiency of care through local and regional clinical services planning & system redesign 3. Implement standardized common care protocols and best practices 4. Increase access to community/home-based supports

Key Actions, Initiatives and Enablers		Implementation of: • Southwest Self-Management Program o maintain and increase the number of French speaking peer leaders o continuously offer self-management tools, workshops, information, and resources in French • Improvements to thehealthline.ca o creation of navigation tools to support the Francophone population • Behavioural Support System of Care o preference given to French speaking Behavioural Support staffing resources in London/Middlesex • Access to Care o CCAC to develop mechanism to identify and track the number of Francophone clients that they serve each year to understand opportunities for		**In London/Middlesex:** • FLS identified HSPs understand and comply with French Language Services (FLS) requirements • FLS identified HSPs and non-identified HSPs use soon to be developed FLS toolkit • All HSPs to develop mechanism to identify and track the number of francophone clients that they serve each year to understand opportunities for culturally sensitive services • Mental Health and Addiction agencies ensure French language service capacity for key service functions (case management, counseling, crisis response, treatment, supportive) • Maintain and strengthen the WrapAround Program for the Francophone population

		culturally sensitive CCAC services and other services that they coordinate access to including long term care homes, assisted living and adult day programs, complex continuing care and rehabilitation beds		
	↓	↓	↓	↓

Intermediate LEAD Outcomes 1-2 Years **LHIN Level**	Increase access to family health care provider within 24 hours for urgent needs/ time to third next apt Increase proportion of attached patients Increase communication of discharge summaries following care to family healthcare within 24-48 hours Increase percentage of physicians working in collaborative team settings Increase referral rates to other professions Decrease ER visits and revisits Increase compliance with after hour access protocols Improve 'HBAM actual to expected'	Reduce ED revisits Reduce readmission rates Reduce hospitalizations Reduced level of crisis response Improvement in patient satisfaction with seamlessness of care transitions • Increase patient participation in self health care	Decrease in falls, adverse drug events, infections, and wounds Increased use of defined communication tools for patient transitions in care settings (i.e. fall risk assessment) Increase in use of common evidence based tools in use across the continuum for the top 4 safety issues (falls, wounds, adverse drug events, infections) (i.e. RAI) Increase in Health Service Provider compliance with evidence based standards for patient safety	# of appropriate and inappropriate referrals compared to baseline Proportion of eligible patients following pathways Comparison of actual to benchmark cost, Proportion of the population who has access to the defined services in their community Proportion of centers that achieve the required critical mass Open case wait times Cost per case (compare costs of a case through protocol to a case that did not go through protocol) Improve the percent of Alternative Level of Care Days Decrease wait time and wait list for services in the community Delayed admissions to LTC (i.e. referrals are more clinically appropriate) -- increase in complexity of LTC clients

Long-Term LAG Outcomes **>-2 Years** **LHIN Level**	Improved access to family health provider for urgent requests Increased appropriate use of health care resources by complex vulnerable unattached patients. Improved information flow to and from family health care Increased patient access to appropriate resources (inter professional teams) Increased access to appropriate health care Increased efficiency of the health care system	Increased appropriate transitions from hospital to community care Seamless Care • More people involved in managing their health	Increased patient safety in defined care settings Decreased patient risk factors in transitions of care Increased prevention support programs for people living in the community	Increased appropriate referrals to specific ED, surgical and diagnostic services Increased and coordinated provider circle of care Improved cost efficiency for service delivery (Quality Based Procedures) Increased equitability of access to defined services Increased quality of service delivery Reduced wait-times for defined procedures (surgical, DI and ED) Increased value for money of defined health care services Supply and demand of services match as appropriate Support people to live in their homes as long as possible Improved health outcomes for people living in the community

Source: South West LHIN.

2 Long-Term Care Facilities

In May 2013, the Ministry of Health and Long-Term Care (MOHLTC) reported that approximately 21,000 seniors were waiting for a placement in one of the 77,600 long-term care beds offered by 630 provincially funded homes. There are 103 public facilities (municipal) totaling 16,473 beds and 158 non-profit facilities totaling 19,535 beds. The private for-profit sector manages 360 facilities offering a total of 41,475 beds.

2.1 Demand and Supply of Long-Term Care Spaces

According to MHLTC administrative data from May 2013[13], there are 88 beds per thousand residents aged 75 years and over in the Erie St. Clair LHIN's region, and 98 beds per thousand residents in the South West LHIN's region (see Table 32). The current supply from all sources does not meet the expressed demand.

Table 32: Long-term care home demand and supply per thousand residents aged 75 years and over, by LHIN, 2nd quarter of 2011-2012, Ontario, Erie St. Clair and South West, 2011-2012

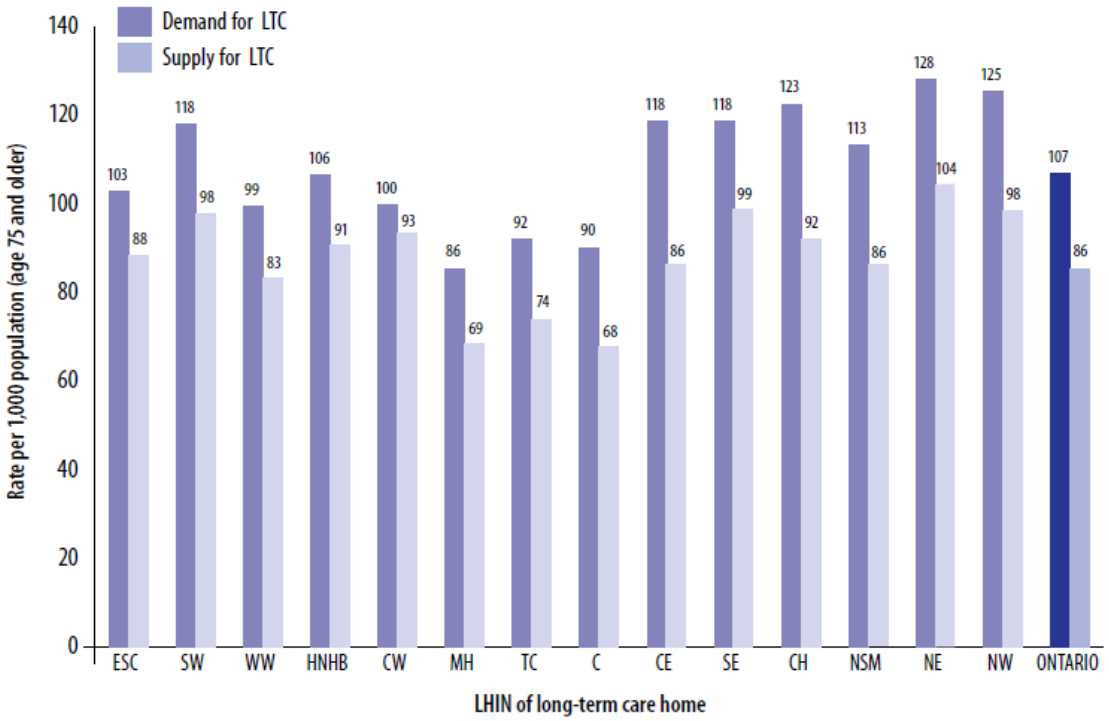
Rate per thousand residents aged 75 years and over	Demand	Supply	Gap (– shortage)
Ontario	107	86	-21
Erie St. Clair LHIN	103	88	-15
South West LHIN	118	98	-20

Source: Sinha (2012), page 133, using MOHLTC data.

Figure 5 below shows the demand and supply of long-term care housing for each LHIN in the province. The Erie St. Clair LHIN is close to the provincial average, while the South West LHIN is above average.

[13] Based on most recent quarter of data available from the Health Analytics Branch's Quarterly Report, from LTCPR Client Profile (CPRO) – Long-Term Home Care System Reports, MOHLTC, extracted May 2012 (Sinha, 2012, page 133).

Figure 5: Long-term care home demand and supply per thousand residents aged 75 years and over, by LHIN, 2nd quarter of 2011-2012



Source: Sinha (2012), using MOHLTC data.

2.2 Estimate of Demand and Supply of Long-Term Care Spaces for Francophone Seniors

Using the rate of demand and supply per 1,000 residents aged 75 or over and 2011 Census data on the Francophone population aged 75 years and over, the theoretical demand from Francophone seniors is estimated at 246.2 spaces in the Erie St. Clair region and 98.5 spaces in the South West region (see Table 33).

Table 33: Estimated number of long-term care spaces for Francophone seniors, Erie St. Clair and South West

	A	B	C	D	E	F	G
Region	**Rate per 1,000 residents aged 75 years and over***		**Francophone population 2011** (Inclusive definition)**			**Estimated number of spaces in long-term care homes**	
	Demand	**Supply**	**Aged 75 to 79 years**	**Aged 80 years and over**	**Aged 75 years and over**	**Theoretical demand**	**Theoretical supply**
					C + D	*A x E / 1000*	*B x E / 1000*
Erie St. Clair LHIN	103	88	1,060	1,330	2,390	246.2	210.3
South West LHIN	118	98	380	455	835	98.5	81.8

* See Table 32.

** French FOLS and English and French FOLS. See Table 11 (ESC) and Table 12 (SW).

2.3 Co-Payment for Long-Term Care Home Residents

As directed by the MOHLTC, as of July 1st, 2013, the residents of a long-term care facility must pay a monthly maximum allowable share ranging from $1,708 to $2,362, as shown in the following table:

Table 34: Maximum allowable co-payment charges of long-term care home residents, Ontario, July 2013

Maximum allowable co-payment charges	Type of accomodation	Co-payment daily amount	Co-payment monthly amount
Long-stay program			
Basic or standard accomodation	Various styles (depending on when the home was constructed or renovated)	$56.14	$1,707.59
Preferred accomodation	Semi-private room	$66.14	$2,011.76
	Private room	$77.64	$2,361.55
Short-stay program (respite care)			
		$36.34	n/a

Source: http://www.health.gov.on.ca/en/public/programs/ltc/15_facilities.aspx, viewed online December 15, 2013.

Note: The share of the resident may be lower in the absence of means to pay the individual (not family).

2.4 Number of Care Hours

According to MOHLTC data on the level of human resources, as analyzed by the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), residents of long-term care homes receive an average of 3.4 hours of care per day.

Table 35: Average number of direct care hours per resident per day, Ontario, 2009

Type of facility	Average hours of care per day
Long-term care sector	3.408
Municipal homes	3.599
Charitable homes (non-profit)	3.037
Nursing homes (non-profit)	3.296
Nursing homes (for-profit)	2.996

Source: http://www.oanhss.org/oanhssdocs/Media_Centre/PositionPapers/Municipal_Brief_July_2012.pdf

As a reference, the requirement to have someone available full time, 24 hours a day, 7 days a week for a year translates to 4.3 full-time equivalents (FTEs) per position.

2.5 Erie St. Clair LHIN – Long-Term Care

Long-term care facilities funded by the Erie St. Clair LHIN are part of the placement services managed by the Community Care Access Centres (CCACs).

According to the latest list provided by the Entity, the following service providers are designated or identified in the designation process under the *French Language Services Act* (Bill 8):

- Banwell Gardens
- Country Village Health Care Centre
- Tilbury Manor Nursing Home

2.6 South West LHIN – Long-Term Care

Long-term care facilities funded by the South West LHIN are part of the placement services managed by the Community Care Access Centres (CCACs).

According to the latest list provided by the Entity, the following services provider is identified in the designation process under the *French Language Services Act* (Bill 8):

- St. Joseph's Healthcare, London

3 Private Rental Residences for Seniors – Southwestern Ontario

The *Seniors' Housing Report* (Canada Mortgage and Housing Corporation, 2013) focuses on residences that have been in operation for at least one year (i.e. before January 2012), have at least 10 rental units, offer an on-site meal plan, are not providing high levels of healthcare to all of their residents, and have at least 50% of residents who are 65 years of age or older.

The CMHC study defines four categories of spaces (page 30):

- A **space** is a residential area that is rented out. In most cases, there is one space per rental unit.
- A **standard space** is a space where the resident does not receive high-level care (i.e., the resident receives less than 1.5 hours of care per day.) or is not required to pay an extra amount to receive high-level care.
- A **heavy care space** is a space where the resident is paying an extra amount to receive high-level care (1.5 hours or more of care per day). Examples include Alzheimer, Dementia and mobility support residents.
- A **respite space** is a space used to provide temporary accommodation for a senior who normally lives in another place and not at the residence.

In Ontario, the Retirement Homes Regulatory Authority (RHRA), created under the *2010 Retirement Homes Act*, requires obtaining a permit for homes for the elderly. The criteria for the RHRA and CMHC's are similar, but differ because the CMHC survey is national in scope: "The RHRA doesn't require every residence to offer an on-site meal plan, as long as they offer two other services such as on-site medical services, a registered nurse or pharmacy to name a few" (Canada Mortgage and Housing Corporation, 2013, page 6).

The following section is based on CMHC survey analyses. Some tables were constructed from data contained in various sections of the report. Other data presented do not appear as such in the original tables of CMHC; they were calculated from the available data.

In CMHC reports, Southwestern Ontario covers the entire territory of both the Erie St. Clair and South West LHINs. When possible, CMHC data were grouped on the basis of regions (LHINs) to ensure greater consistency in subsequent analyses contained in this report.

3.1 Estimated Number of Spaces in Private Rental Residences for Francophone Seniors

Using the CMHC's estimated capture rates for private rental residences for seniors, as well as 2011 Census data on the Francophone population aged 75 years and over, the estimated theoretical demand is between 190 and 200 spaces for Southwestern Ontario. Estimates are 155.4 spaces for Francophone seniors in Erie St. Clair and 45.1 spaces in the South West (see Table 36).

Table 36: Estimated number of spaces in private rental residences for Francophone seniors, Erie St. Clair and South West

	A	B	C	D	E
Region	**Francophone population* (Inclusive definition)**			**Estimated number of spaces in private rental residences**	
	Aged 75 to 79 years	**Aged 80 years and over**	**Aged 75 years and over**	**Estimated capture rate (CMHC)****	**Theoretical supply**
			A + B		*C x D*
Southwestern Ontario	*1,440*	*1,785*	*3,225*	*5.9%*	*190.3*
Erie St. Clair LHIN	1,060	1,330	2,390	6.5%	155.4
South West LHIN	380	455	835	5.4%	45.1

* French FOLS and English and French FOLS. See Table 11 (ESC) and Table 12 (SW).

** See Table 39.

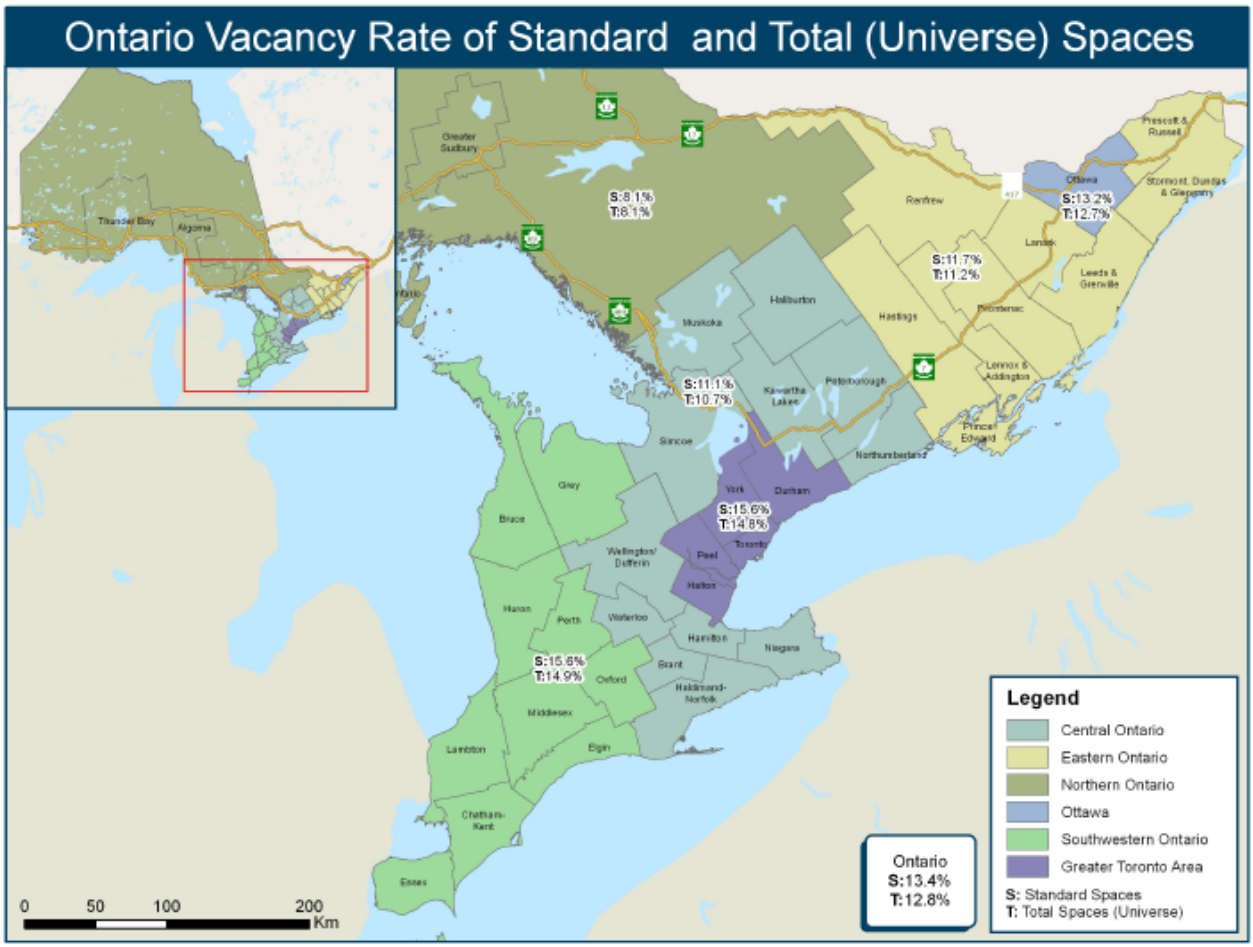
3.2 Highlights of the CMHC Study for Ontario

Highlights of the CMHC study for Ontario are as follows.

- The capture rate for the province was 5.1% in 2013 (5.2% in 2012). (Note: The capture rate is the percentage of people aged 75 years and over who live in homes for the elderly in the total population aged 75 years and over.)
- The overall vacancy rate in facilities for seniors is down from 14.4% in 2012 to 13.4% in 2013. Total supply in the province is 51,800 units. In 2013, 48,000 Ontarians lived in seniors' residences. (Note: The vacancy rate is the percentage of units available and not rented.)
- The largest decline in vacancy rates was recorded in the range of rents from $2,501 to $3,000, due to the increase in the number of spaces occupied and the fewer total spaces in this category.
- The average rent of all spaces has increased by 4.5% in 2013 (2.1% in 2012) to $3,204. In Ontario, the newly-built structures generally require a higher rent than $3,000. The vacancy rate of spaces in rents from $3,001 to $3,500 and in rents of $3,501 and more declined in 2013.
- New residences with at least 90 spaces inflated rental supply and offer a choice of amenities that smaller homes do not offer. Despite the addition of 15 new homes since 2011, the total number of homes has dropped from 671 to 667 in the province, even though the total number of spaces has increased.
- The number of residents living as a couple has increased sharply in 2012 before stabilizing in 2013.

- The growth of supply since 2010 and the vacancy rate of nearly 40% in new homes are slowing the increase in rents in 2012. New homes (in operation for at least one year at the time of the survey in 2012) were in proactive renting mode. In 2013, the increase in rents reflects the decrease in the vacancy rate.

Figure 6: Vacancy rate of standard spaces and of all private rental spaces in seniors' residences, Ontario, 2013



Source: Canada Mortgage and Housing Corporation (2013), page 2.

3.3 Universe of Spaces by Unit Type for Ontario

Table 37 and Table 38 reveal that in Ontario:

- Nearly 93% of spaces are standard spaces and more than 6% are non-standard or other types of spaces;
- 60% of spaces are standard spaces in single-room or studio type;
- 31% of spaces are standard spaces in one-bedroom apartment type;
- 4% of spaces are standard spaces in two-bedroom apartment type.

It should be noted that new buildings and conversions of buildings built before 2000 are mostly apartment type.

Table 37: Universe by unit type, Ontario, 2013

Centre	Semi private & ward	Private/studio	One bedroom	Two bedroom	Total
Ontario	**2,288**	**31,108**	**16,253**	**2,197**	**51,846**
Standard spaces	1,694	28,697	15,862	2,179	48,432
Heavy care	23	964	164	4	1,155
Other*	571	1,447	227	14	2,259

Source: Canada Mortgage and Housing Corporation (2013), table 2.2, page 17.

* "Other" consists of non-market units and respite units.

Table 38: Distribution (%) of spaces by unit type, Ontario, 2013

Centre	Semi private & ward	Private/studio	One bedroom	Two bedroom	Total
Ontario	**4%**	**60%**	**31%**	**4%**	**100%**
Standard spaces	3%	59%	33%	4%	93%
Heavy care	2%	83%	14%	0%	2%
Other*	25%	64%	10%	1%	4%

Source: Authors' calculations based on Table 37.

* "Other" consists of non-market units and respite units.

3.4 Private Rental Residences for Seniors –Southwestern Ontario

In the region of Southwestern Ontario, according to data from the Canada Mortgage and Housing Corporation (CMHC) [14], the situation of rental residences for the elderly in 2013 is as follows.

- There are 8,190 spaces available in 123 homes. The number of residents is 7,415, for an estimated 5.9% capture rate (in proportion of the number of people aged 75 years and over in the Southwestern region of Ontario). The vacancy rate is 14.9% (see Table 39).
- Of the 8,190 spaces available, 404 (5%) are semi-private rooms, 4,942 (50%) are single rooms or studios, 2,504 (31%) are one-bedroom apartments and 340 (4%) are two-bedroom apartments (see Table 41).
- In 2013, the average rent is $1,767 ($1,811 in 2012) for a semi-private room or ward, $2,534 ($2,462 in 2012) for a single room or studio, $3,370 ($3,264 in 2012) for a one-bedroom apartment and $4,313 ($3,926 in 2012) for a two-bedroom apartment. Services include three meals per day, housekeeping, standard care (less than an hour and a half a day), and facilities such as a cinema, a swimming pool, a transportation service, maintenance, etc. (see Table 42).
- In Southwestern Ontario, for heavy care spaces (more than one and a half hour of treatments per day), the average rent is $3,392 in 2013, ($3,809 in 2012); the vacancy rate in Southwestern Ontario is not published (it is 4.9% for Ontario).

Table 39: Universe, number of residents and capture rate, Southwestern Ontario

Centre	Total number of spaces	Overall vacancy rate		Number of residences	Number of residents	Estimated population aged 75+	Capture rate (%)
		2012	2013				
Southwestern Ontario	8,190	14.3%	14.9%	123	7,415	125,710	5.9%
Essex	2,107	18.8%	16.6%	25	1,867	28,650	6.5%
Windsor	*1,086*	*23.6%*	*19.1%*	*10*	*926*		
Leamington/Kingsville	*393*	*3.6%*	*14.5%*	*6*	*358*		
Reste d'Essex	*628*	*18.2%*	*13.4%*	*9*	*583*		
Chatham-Kent	746	8.2%	9.2%	14	710	9,210	7.7%
Middlesex	1,926	16.6%	17.3%	20	1,771	32,910	5.4%

Source: Canada Mortgage and Housing Corporation (2013), table 1.4, page 13.

3.4.1 Private Rental Residences for Seniors – Essex

In Essex County, according to data from CMHC, the situation of rental residences for elderly people in 2013 is as follows.

- There are 2,107 spaces available in 25 homes. The number of residents is 1,867, for an estimated 6.5% capture rate. The vacancy rate is 16.6% (see Table 40). In Windsor, there are 1,086 spaces available in 10 homes. The vacancy rate is 19.1%.
- Of the 2,107 spaces available, 128 (6%) are semi-private rooms, 1,254 (60%) are single rooms or studios, 649 (31%) are one-bedroom apartments and 76 (4%) are two-bedroom apartments (see Table 41).

[14] Source of tables: CMHC, Seniors' Housing Report – Ontario. http://publications.gc.ca/collections/collection_2013/schl-cmhc/NH2-36-2013-eng.pdf. The following units are excluded: non-market/subsidy units; respite units; and, units where an extra charge is paid for Heavy-care (1½ hours or more of care).

- In 2013, the average rent is $1,645 ($1,772 in 2012) for a semi-private room or ward, $2,596 ($2,459 in 2012) for a single room or studio, and $3,500 ($3,370 in 2012) for a one-bedroom apartment; rent in 2013 for a two-bedroom apartment is not available (it was $4,241 in 2012). Services include three meals per day, housekeeping, standard care (less than an hour and a half a day), amenities such as a cinema, a swimming pool, a transportation service, maintenance, etc. (see Table 42).

3.4.2 Private Rental Residences for Seniors – Chatham-Kent

In Chatham-Kent, according to data from CMHC, the situation of rental residences for elderly people in 2013 is as follows.

- There are 746 spaces available in 14 homes. The number of residents is 710, for an estimated 7.7% capture rate. The vacancy rate is 9.2% (see Table 40).
- Of the 746 spaces available, 45 (6%) are semi-private rooms, 590 (79%) are single rooms or studios, and 111 (15%) are one-bedroom apartments (see Table 41).
- In 2013, the average rent is $1,788 ($1,766 in 2012) for a semi-private room or ward, $2,456 ($2,398 in 2012) for a single room or studio, and $3,040 ($2,954 in 2012) for a one-bedroom apartment; rent in 2012 and 2013 for a two-bedroom apartment is not available. Services include three meals per day, housekeeping, standard care (less than an hour and a half a day), amenities such as a cinema, a swimming pool, a transportation service, maintenance, etc. (see Table 42).

3.4.3 Private Rental Residences for Seniors – Middlesex

In Middlesex County, according to data from CMHC, the situation of rental residences for elderly people in 2013 is as follows.

- There are 1,926 spaces available in 23 homes. The number of residents is 1,873, for an estimated 5.4% capture rate. The vacancy rate is 17.3% (see Table 40).
- Of the 1,926 spaces available, 765 (40%) are single rooms or studios, and 951 (49%) are one-bedroom apartments (see Table 41).
- In 2013, the average rent is $2,826 ($2,754 in 2012) for a single room or studio, $3,507 ($3,374 in 2012) for a one-bedroom apartment, and $4,298 ($3,882 in 2012) for a two-bedroom apartment. Services include three meals per day, housekeeping, standard care (less than an hour and a half a day), amenities such as a cinema, a swimming pool, a transportation service, maintenance, etc. (see Table 42).

Table 40: Universe, number of residents and capture rate, Southwestern Ontario

Centre	Total number of spaces	Overall vacancy rate (%)		Number of residences	Number of residents	Estimated population aged 75+	Capture rate (%)*
		2012	2013				
Bruce	421	18.8a	16.6 a	9	373 a	6,550	5.7
Elgin	240	10.5 d	15.3 a	6	217 a	6,230	3.5
Essex	2,107	18.4 a	16.6 a	25	1,867 b	28,650	6.5
Windsor	1,086	23.6 a	19.1 a	10	926 c		
Leamington / Kingsville	393	3.6 a	14.5 a	6	358 a		
Reste d'Essex	628	18.2 a	13.4 a	9	583 a		
Grey	753	12.0 a	11.8 c	12	**	9,570	**
Huron	260	15.9 a	17.4 d	6	**	5,580	**
Chatham-Kent	746	8.2 a	9.2 a	14	710 a	9,210	7.7
Lambton	671	9.8 a	9.1 a	11	655 a	11,770	5.6
Middlesex	1,926	16.6 a	17.3 a	20.0	1,771 b	32,910	5.4
Oxford	575	**	13.1 a	10	530 d	8,940	5.9
Perth	491	12.3 c	19.7 a	10	392 a	6,300	6.2
Southwestern Ontario	8,190	14.3 a	14.9 a	123	7,415 a	125,710	5.9

Source: Canada Mortgage and Housing Corporation (2013), table 1.4, page 13. CMHC sources: Statistics Canada (estimates for 2011) and Ontario Ministry of Finance (projections released Spring 2012). Reference scenario projection July 1, 2013.

Notes: CMHC indicates the following in its analyses to indicate the reliability of the estimates: a: Excellent, b: Very good, c: Good, d: Fair (Use With Caution).

* Capture rate: the proportion of the population aged 75 years and over living in the survey universe.

** Suppressed to protect confidentaility.

– No units in universe for this category.

Table 41: Universe of total spaces by unit type, Southwestern Ontario

Centre	Semi private & ward	Private/studio	One bedroom	Two bedroom	Total
Bruce	**	310	**	-	421
Elgin	**	192	**	3	240
Essex	128	1,254	649	76	2,107
Grey	4	591	140	18	753
Huron	**	193	52	**	260
Chatham-Kent	45	590	111	-	746
Lambton	**	354	252	**	671
Middlesex	**	765	951	**	1,926
Oxford	**	386	116	**	575
Perth	79	307	99	6	491
Southwestern Ontario	404	4,942	2,504	340	8,190

Source: Canada Mortgage and Housing Corporation (2013), table 2.1, page 15.

Table 42: Universe of standard spaces by rent range ($), Southwestern Ontario

Centre	$2,000 or less	$2,001 to $2,500	$2,501 to $3,000	$3,001 to $3,500	$3,501 and more
	% of total*	% of total*	% of total*	% of total*	% of total*
Bruce	26.2 a	34.4 a	23.8 a	9.5 a	6.1 a
Elgin	9.8 b	23.5 a	27.0 a	3.9 c	35.8 a
Essex	8.3 a	26.6 a	24.6 a	15.7 a	24.8 a
Windsor	7.2 b	34.4 a	21.6 a	8.8 b	28.0 a
Leamington / Kingsville	6.6 a	26.3 a	33.5 a	31.7 a	1.8 a
Other regions of Essex	11.3 a	13.0 a	23.7 a	17.1 a	35.0 a
Grey	6.6 c	35.6 a	**	16.5 d	8.5 c
Huron	4.2 d	**	**	**	**
Chatham-Kent	13.2 a	55.9 a	20.8 a	6.7 a	3.4 b
Lambton	15.1 a	25.6 a	32.2 a	21.1 a	6.1 a
Middlesex	2.2 a	13.9 a	28.9 a	16.7 a	38.2 a
Oxford	10.9 c	48.7 a	27.0 a	10.0 b	3.4 c
Perth	31.1 a	37.6 a	22.7 a	6.3 a	2.3 a
Southwestern Ontario	10.3 a	30.0 a	27.1 a	13.6 a	19.0 a

Source: Canada Mortgage and Housing Corporation (2013), table 2.3, page 18.
Notes: CMHC indicates the following in its analyses to indicate the reliability of the estimates: a: Excellent, b: Very good, c: Good, d: Fair (Use With Caution). The following units are excluded from the table above: non-market/subsidy units; respite units; and, units where an extra charge is paid for Heavy-care (1½ hours or more of care).

* Percentage is based on those spaces where the rent is known.

** Suppressed to protect confidentaility.

– No units exist in universe for this category.

Table 43: Vacancy rate (%) of standard spaces by unit type, Southwestern Ontario

Centre	Semi private & ward		Private/studio		One bedroom		Two bedroom		Total	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Bruce	**	**	21.2 a	15.9 a	14.4 c	22.5 a	**	**	19.3 a	17.5 a
Elgin	**	**	9.9 c	17.9 a	**	**	**	**	11.6 d	16.3 a
Essex	27.1 a	26.9 a	18.7 a	17.5 a	22.4 a	16.1 a	13.6 c	**	20.1 a	17.5 a
Windsor	**	**	23.9 a	19.7 a	27.6 a	20.7 a	**	**	24.8 a	19.7 a
Leamington/ Kingsville	**	**	3.3 a	16.7 a	**	**	**	**	4.0 a	15.3 a
Other regions of Essex	36.6 a	**	23.4 a	12.8 a	**	**	**	**	20.9 a	14.9 a
Grey	**	**	**	12.5 c	12.0 c	13.2 c	**	**	12.6 a	12.0 c
Huron	**	**	18.7 a	20.8 d	**	**	**	**	15.9 a	18.0 d
Chatham-Kent	21.1 d	31.1 a	8.0 a	7.4 a	**	10.8 a	**	**	8.3 a	9.4 a
Lambton	**	**	8.9 a	6.3 a	9.2 a	12.0 a	**	**	9.8 a	9.4 a
Middlesex	**	**	13.0 a	16.9 a	18.6 a	18.9 a	17.9 a	15.4 d	16.4 a	17.8 a
Oxford	**	**	**	13.6 c	**	2.9 c	**	**	**	14.5 a
Perth	5.2 d	15. 6 d	14.0 c	13.1 a	**	53.8 a	**	**	12.5 c	20.5 a
Southwestern Ontario	22.4 a	27.4 a	13.5 a	14.2 a	16.7 a	16.8 a	13.9 a	14.0 a	14.8 a	15.6 a

Source: Canada Mortgage and Housing Corporation (2013), table 1.1, page 8.

Notes: CMHC indicates the following in its analyses to indicate the reliability of the estimates: a: Excellent, b: Very good, c: Good, d: Fair (Use With Caution).

** Suppressed to protect confidentaility.

– No units exist in universe for this category.

Table 44: Vacancy rate (%) of standard spaces by rent range ($), Ontario, 2012 and 2013

Centre	$2,000 or less		$2,001 to $2,500		$2,501 to $3,000		$3,001 to $3,500		$3,501 and more		Total spaces where rents are known	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Bruce	**	18.2 d	15.2 d	12.3 c	**	25.6 a	**	**	**	21.7 d	20.4 a	18.5 a
Elgin	**	**	**	29.2 d	**	25.5 d	**	**	**	**	12.2 d	17.2 a
Essex	14.0 a	18.9 d	18.6 a	15.8 d	24.8 a	18.3 a	26.8 a	26.0 a	19.8 a	18.4 a	21.4 a	18.9 a
Windsor	10.8 c	**	22.1 d	19.1 d	34.9 a	23.8 d	46.2 a	**	22.3 a	**	26.1 a	22.0 a
Leamington/ Kingsville	**	**	1.1 d	**	**	**	**	**	**	**	4.7 b	16.2 a
Other regions in Essex	20.5 a	21.8 d	33.3 a	22.2 d	24.7 a	12.2 c	20.7 a	**	**	**	21.8 a	15.2 a
Grey	**	**	13.5 c	**	10.1 d	**	**	**	**	**	12.7 c	12.5 c
Huron	**	**	16.2 a	**	**	**	**	**	**	**	16.3 a	27.3 d
Chatham-Kent	22.0 d	23.3 d	8.1 b	7.9 b	4.0 c	5.9 c	**	**	**	**	8.5 a	8.9 a
Lambton	19.1 d	14.9 a	10.3 c	9.4 a	5.5 b	10.0 a	**	**	**	**	9.9 a	9.8 a
Middlesex	7.8 c	5.6 d	10.4 c	18.9 d	7.8 b	20.5 a	28.6 a	19.0 a	15.3 a	19.0 a	15.5 a	19.1 a
Oxford	**	**	**	18.0 d	**	9.0 c	**	**	**	**	**	15.1 d
Perth	10.3 c	15.9 a	12.5 d	16.2 a	17.1 d	**	**	**	**	**	12.7 c	20.9 a
Southwestern Ontario	16.0 a	18.1 a	12.8 a	15.0 a	12.7 a	17.9 a	22.0 a	17.2 a	14.8 a	16.4 a	15.0 a	16.7 a

Sources: Canada Mortgage and Housing Corporation (2013), table 1.2, page 11.

Notes: CMHC indicates the following in its analyses to indicate the reliability of the estimates: a: Excellent, b: Very good, c: Good, d: Fair (Use With Caution).

** Suppressed to protect confidentaility.

– No units exist in universe for this category.

3.5 Comparison Between Markets: Rental Housing and Seniors Homes in Windsor and London

For the purposes of this study, average rents and vacancy rates for rental housing in the community were compared to those of residences. Data on the rental market for the census metropolitan areas (CMAs) of Windsor and London are from the quarterly report of the Canada Mortgage and Housing Corporation (CMHC)[15].

Such information helps in establishing more clearly the options available to seniors when considering changing residence modes. In addition, 47% of participants in the focus groups in this study were tenants. These people are particularly sensitive to the price of a rental service for older people as described in the CMHC survey.

According to the report on the rental market for which data are presented in Table 46, in 2013:

- Windsor has 14,955 rental housing units with a vacancy rate of 5.9%. The average rent for a bachelor is $501; a one-bedroom apartment is $656; a two-bedroom apartment is $788; and a three-bedroom apartment is 928 $;
- London has 42,255 rental housing units with a vacancy rate of 3.7%. The average rent for a bachelor is $588; a one-bedroom apartment is $752; a two-bedroom apartment is $924; and a three bedroom apartment is $1,090.

In Windsor, comparing the price of rent in the private rental market to that of private homes for the elderly (including meals and other services and facilities) reveals the following (see Table 45):

- A bachelor-type apartment rents for $501 per month, compared to a residence that rents for $2,596 – a ratio of 518% and a difference of $2,095;
- An one-bedroom apartment rents for $656, compared to a residence that rents for $3,500 – a ratio of 534% and a difference of $2,844;
- A two-bedroom apartment rents for $788, compared to a residence that rents for $4,241, a ratio of 538% and a difference of $3,453.

Overall, as an indication, the benefit threshold of independent living for older persons residing in a rental unit can be established at $2,095 per month, without further analysis of the economic value of services.

[15] Canada Mortgage and Housing Corporation, *Rental Market Report – Windsor CMA Highlights* – Date released: Fall 2013, http://www.cmhc-schl.gc.ca/odpub/esub/64475/64475_2013_A01.pdf?fr=1398196113581, document viewed online December 10, 2013, and *Rental Market Report – London CMA Highlights* – Date released: Fall 2013, http://www.cmhc-schl.gc.ca/odpub/esub/64403/64403_2013_A01.pdf?fr=1398196116706, document viewed online December 10, 2013.

Table 45: Comparison of vacancy rates and average rents between seniors' residences and the rental market, Essex, 2013

	Private/studio	One bedroom	Two bedroom
SENIORS' HOMES – ESSEX			
Vacancy rate (%)	17.5%	16.1%	13.6%*
Average rent ($)	$2,596	$3,500	$4,241
RENTAL MARKET – WINDSOR			
Vacancy rate (%)	6.7%	5.8%	6.0%
Rent ($)	$501	$656	$788
Difference in rents, residences – rental market ($)	$2,095	$2,844	$3,453
Comparison, residences – rental market (%)	518%	534%	538%

Sources: Data from Table 43 and Table 46 of this study, taken from CMHC reports.

* 2012 data.

Table 46: Average rents, universe and availability rates, privately initiated structures with at least three rental units, Windsor CMA and London CMA, 2012 and 2013

	Bachelor		One bedroom		Two bedroom		Three bedroom +		Total or average		*Reference*
Windsor (CMA)*	**Oct. 2012**	**Oct. 2013**	**Oct. 2012**	**Oct. 2013**	**Oct. 2012**	**Oct. 2013**	**Oct. 2012**	**Oct. 2013**	**Oct. 2012**	**Oct. 2013**	
Rent (in dollars)	502 $	501 $	647 $	656 $	778 $	788 $	926 $	928 $	695 $	699 $	*Table 1.1.2*
Universe (number of units)	1,161	1,174	7,762	7,728	5,685	5,671	347	352	14,955	14,925	*Table 1.1.3*
Availability rate (%)	9.0%	8.3%	7.8%	6.9%	9.1%	6.8%	6.1%	--%	8.4%	7.0%	*Table 1.1.4*
Vacancy rate (%)	7.6%	6.7%	6.7%	5.8%	8.0%	6.0%	5.4%	--%	7.3%	5.9%	*Table 1.1.1*
London (CMA)**	**Oct. 2012**	**Oct. 2013**	**Oct. 2012**	**Oct. 2013**	**Oct. 2012**	**Oct. 2013**	**Oct. 2012**	**Oct. 2013**	**Oct. 2012**	**Oct. 2013**	
Rent (in dollars)	575 $	588 $	747 $	752 $	919 $	924 $	1,050 $	1,090 $	843 $	848 $	*Table 1.1.2*
Universe (number of units)	1,192	1,197	17,014	17,053	22,452	22,471	1,493	1,534	42,151	42,255	*Table 1.1.3*
Availability rate (%)	5.1%	6.6%	5.0%	4.7%	6.7%	6.2%	9.7%	7.9%	6.1%	5.7%	*Table 1.1.4*
Vacancy rate (%)	3.2%	4.8%	3.0%	2.6%	4.4%	3.6%	7.5%	6.4%	3.9%	3.7%	*Table 1.1.1*

Source: Canada Mortgage and Housing Corporation.

* *Rental Market Report – Windsor CMA Highlights* – Date released: Fall 2013, http://www.cmhc-schl.gc.ca/odpub/esub/64475/64475_2013_A01.pdf?fr=1398196113581, document viewed online December 10, 2013.

** *Rental Market Report – London CMA Highlights* – Date released: Fall 2013, http://www.cmhc-schl.gc.ca/odpub/esub/64403/64403_2013_A01.pdf?fr=1398196116706, document viewed online December 10, 2013.

4 Present State of French Language Community Support Services for Francophone Seniors

There is no inventory of French language services for Francophone seniors in Erie St. Clair. No service provider has been *designated* under the *French Language Services Act* (Bill 8) and 30 are *identified* in the designation process. In the South West, 8 providers of health services are *identified*, and none has been *designated*.

Community support services include a wide range of services that allow seniors to maintain their independence, including:

- Personal care;
- Medical care;
- Management services (financial and other);
- Housekeeping;
- Transportation;
- Meal preparation.

4.1 Erie St. Clair LHIN – Community Support Services

In 2006, the Erie St. Clair LHIN financially supported thirty-two (32) community organizations that deliver support services. Most of these organizations offer services affecting seniors, but none of the agencies is intently Francophone or delivers services in French systematically.

According to the latest list provided by the Entity, the following service providers are designated or identified in the designation process under the *French Language Services Act* (Bill 8):

- Alzheimer Society of Chatham-Kent
- Alzheimer Society of Windsor and Essex County
- Amherstburg Community Services
- Assisted Living Southwestern Ontario
- Banwell Gardens
- Brain Injury Association of Chatham-Kent
- Brenthood Recovery Home
- Bulimia Anorexia Nervosa Association
- Canadian Hearing Society, Windsor Region
- Canadian Mental Health Association, Lambton-Kent Branch
- Canadian Mental Health Association, Windsor-Essex County Branch
- Canadian National Institute for the Blind, Windsor
- Chatham-Kent Community Health Centres
- Chatham-Kent Health Alliance
- Community Support Service of Essex County
- Country Village Health Care Centre
- Erie St. Clair Community Care Access Centre
- Essex Community Services
- Family Services Kent
- Family Services Windsor Essex
- Hospice of Windsor and Essex County Inc.
- Hotel-Dieu Grace Hospital
- House of Sophrosyne

- Leamington District Memorial Hospital
- Ontario March of Dimes, Chatham
- Sexual Assault Crisis Centre of Windsor-Essex
- Tilbury Manor Nursing Home
- Westover Treatment Centre
- Windsor Essex Community Health Centre
- Windsor Regional Hospital

4.2 South West LHIN – Community Support Services

In 2006, the South West LHIN financially supported forty-four (44) community organizations that deliver support services. Most of these organizations offer services affecting seniors, but none of the agencies is intently Francophone or deliver services in French systematically.

According to the latest provided by the Entity list, the following service providers are identified in the designation process under the French Language Services Act (Bill 8):

- Addiction Services of Thames Valley
- Canadian Mental Health Association, London Middlesex Branch
- London InterCommunity Health Centre
- London Health Sciences Centre
- Mission Services of London
- St. Joseph's Healthcare, London
- South West Community Care Access Centre
- Western Ontario Therapeutic Community Hostel (WOTCH)

5 Offer of Home Support Services

Some community organizations and a growing number of private companies offer home support services for various segments of the general population, notably seniors. These include non-profit organizations such as Assisted Living Southwestern Ontario (ALSO) and the Victorian Order of Nurses (VON), as well as private businesses like Amy's Helping Hands in Windsor.

5.1 Assisted Living Model for Francophone Seniors

Assisted Living Southwestern Ontario / Aide à la vie autonome du Sud-Ouest de l'Ontario offers an assistance program for the elderly resembling its current programs for people with physical disabilities. The agency delivers supportive housing services, home care and community care, respite care, sheltered workshops, etc.

Its service model is as follows:

- An apartment building where rent is geared to income has 50 units. There are 18 residents in need of heavy care and assisted living (more than three hours of service per day);
- "Courtesy contracts" are signed with other residents of the building who are not eligible for provincial funding formulas;
- The team dedicated to the apartment building offers mobile services in the community within 20 minutes of transit and can serve up to 32 additional people;
- Care and service plans and are customized, can vary greatly from one individual to another, and take a holistic rather than strictly medical approach.

The organization, established in 1938, has considerable experience in community service and a well-established management infrastructure.

The proposed formula for Francophone seniors would have to provide a larger geographical service area. Developing sociograms, starting with tenants of Résidence Richelieu in Windsor and Francophone parishioners, would identify potential beneficiaries and would more clearly establish the service area and the nature of individual needs to be met.

The agency has developed an operation budget of about $1.04 million (see Table 47). Dividing this sum by 50 clients, the average annual cost obtained per client would be $20,747; this translates to $1,729 per month.

Table 47: Assisted Living Southwestern Ontario annual budget, Francophone seniors support program

Program budget category	**Budget**
Salaries and professional fees	$657,000
Employee benefits	$164,250
Staff training	$20,000
Travel expenses	$42,000
Operation expenses	
Rent	$9,000
Public utilities	–
Maintenance and repairs	$1,000
Office expenses	$3,000
Telephone	$6,900
Service agreements	$2,500
Advertising and promotion	$500
Audit fees	$1,500
Legal fees	$3,250
Insurance	$3,000
Membership fees	$500
Administration fees	$55,209
Contracted services	$12,000
Furniture and equipment	–
Health/well-being programs	$20,800
Specialized training on dementia	$10,000
Client intervention services	$24,960
Total expenses	**$1,037,369**

5.2 Nurse Practitioner

The Erie St. Clair LHIN established a nurse practitioner service in Pain Court in 2013. The project aims a client base estimated at 1,100 Francophones over the age of 65. The project intends to offer access to the following services:

- Primary care;
- Chronic disease management;
- Prevention of falls;
- Clinical care (high blood pressure, foot care, immunization, etc.);
- Workshops (nutrition, physical activity, etc.).

The estimated annual cost of this project is $150,000.

The seniors interviewed during focus groups in this study emphasized the importance of having a first point of contact who speaks French in their dealings with health services at the primary care level. At higher levels of service, seniors seek first and foremost the best quality service, regardless of the language. These people also want the services of a person who can refer and guide them, especially during visits to health care providers in the closest urban centre.

6 Needs Expressed by Francophone Seniors and Key Informants

6.1 Questionnaire Results

Three focus groups were held with seniors. Participants were asked to complete a survey questionnaire on paper before the start of discussions. Sixty-four (74) questionnaires were collected (28 in Windsor, 30 in Pain Court and 16 in London). A detailed compilation of questionnaires is appended to the report.

Two-thirds of participants in focus groups were older than 75 years (66%). The group in Pain Court included a higher proportion of people aged 65 to 74 years than the other two groups.

The current housing situation of respondents is as follows:

- 47% live alone in their current home;
- 49% live with another person in their current home;
- 4% live with two or more persons.

The majority of respondents are homeowners. In Windsor, 96% of respondents are renters (Résidence Richelieu), while in Pain Court, 82% of respondents are homeowners. In London, 80% of respondents are homeowners.

Nearly 4 out of 5 respondents do not plan to move within five years. However, 9 out of 10 respondents would be interested in living in a residence for Frencophone seniors if it was developed.

According to respondents and respondents, the most important current unmet need is access to services in French (62%). Other unmet needs include access to home care services (35%), access to health care closer by (35%), access to social activities (35%) and hot and nutritious meals (31%). Other needs expressed concern social activities and bathing, maintenance (garbage and recycling) and transport services.

Security and access to nearby health services are the priority needs to be met in a seniors' housing facility, according to 8 out of 10 respondents. Access to services in French, social life and access to home care followed in importance (7 out of 10 respondents). Respondents noted the following additional needs:

- Empathy and professionalism of staff (nursing, medical, pastoral);
- Affordable rent and apartment size;
- Transportation services for medical visits and grocery shopping;
- Accessibility of the building (elevator, adapted bathroom, etc.);
- Immediate community environment (grocery store, life in French, leisure and social activities);
- Ability to remain independent as long as possible.

Nearly 8 in 10 respondents are willing to move within a radius of less than 20 km to obtain health services in French. They are willing to travel up to 50 km for the services of a specialist.

Priority needs to be met in terms of French language services for seniors, for 7 out of 10 respondents, are accommodations for seniors, family physician or nurse practitioner, and long-term care. Specialists, a day program and respite are next, with nearly 6 in 10 respondents, while a pharmacist, nutrition and exercise classes and support or self-help groups are a priority for 5 out of 10 respondents.

Finally, 36 respondents indicated that they had an interest in living in a possible Francophone section in a long-term care residence under construction in Windsor. Favorable respondents are mostly in Windsor. The proportion falls to one in two in Pain Court and London. People in Windsor indicate a preference for a residence close to the Résidence Richelieu, and close to friends. People outside Windsor wish to stay close to family.

6.2 Focus Groups

The Windsor focus group had 28 participants and was held on November 4, 2013 at Résidence Richelieu, a rental housing building for independent Francophone seniors. The majority rent an apartment at Résidence Richelieu.

Thirty (30) seniors attended the focus group in Pain Court, held during a weekly meeting of the *Club de l'amitié*, on November 5, 2013. The majority live in their own homes. A few rent houses or apartments in the region.

The London had 16 participants and was organized by the *Cercle des copains* at the Victorian Order of Nurses (VON) on November 18, 2013.

Participants welcomed the consultation initiative and actively participated in the discussions.

6.2.1 Highlights

Highlights are as follows:

- Seniors in Pain Court wish to live as long as possible in their current home, but some lack the support and means to make the necessary renovations to make their homes more accessible. Should circumstances require them to move to a seniors' residence, they would require good quality services for health care and accommodation.
- Seniors in Pain Court enjoy a good social life. They have a team of seniors who organizes various activities (games, social activities, etc.). Although the distance to the social club is reasonable for their age, people have to "travel" to find other services that support their well-being.

- The Chatham-Kent region has a shortage of specialists in all areas of health. Seniors must go to London or Windsor to see a specialist. With age, it becomes increasingly difficult to travel long distances to find services, whether in English or French. In addition, people perceive that adapted transit services for seniors do not exist in the region.
- For some seniors, language of service is not an obstacle. However, even if the majority of them are able to speak English to request services, some complain about the lack of services in French.
- Some seniors said they avoid asking for services in French because of timeouts or fear of appearing demanding towards service providers. Others are more knowledgeable about medical topics in English and French, and therefore prefer to be served in English. For others, quality of service is important, rather than the language of services.
- For Seniors in Windsor, moving to a nursing home for seniors is not a challenge, since they already live in such a home. However, they wish to remain active and independent for as long as possible and obtain more services in the residence. They are for the most active and very independent. They like their lifestyle and environment, which offers them the opportunity to meet with others of their generation, have visitors and enjoy a nice social life.
- The majority of these seniors feel at home at the residence, but noted some shortcomings in current services: equipment facilitating access, various types of ad hoc assistance (for bathing, shopping for groceries, dumping waste outside the residence, or making it to a doctor's appointment, for example) and an expanded needs assessment service (such service is only available in case of a fall).
- Some seniors are in favor of moving into the long-term care home which is under construction in Windsor provided that a section is reserved for Francophones. Others would prefer a building that provides care at a higher level or that a long-term care facility be built next to the Résidence Richelieu.
- Seniors would like to benefit from more social activities (especially mental stimulation exercises, physical activities, evenings of sharing and socializing) and have more services in the residence to remain active.
- Even if they do not receive all services in French, the majority of seniors in Windsor have a family doctor (some have access to a doctor nearby and others must go a little further in the region).

6.2.2 Account of Discussions

Note: The comments (in italics) were recorded in this report in the language used by the participants.

The majority of seniors in Pain Court do not plan to move in the next five years. For some, this possibility evokes the end of life. Seniors want to live as long as possible at home, enjoy a good quality of life in their communities and contribute through their social participation and active living. Others would prefer to die at home. They do not want to leave their community for fear of losing contact with their circle of friends and see their health deteriorate because of the separation with the people of their community.

> *Je souhaite vivre le plus longtemps possible dans ma maison et même y mourir; le déménagement dans une résidence pour personnes âgées ou dans une institution de soins de longue durée ne fait pas partie de mes projets. Je ne veux pour rien au monde aller vivre dans ces endroits.*

Some would prefer to renovate their home to make it more accessible. They think that this option would be less expensive than living in a retirement home. However, they lack support, information and resources to achieve these renovations. Others say they need help with odd jobs, cleaning and maintenance in their home.

> *J'aimerais bien vivre chez nous le plus longtemps possible, mais depuis peu, des problèmes d'accessibilité aux escaliers m'empêchent de me déplacer facilement. J'ai besoin d'aide pour effectuer des rénovations, mais je manque d'informations et je ne sais pas comment et où les trouver.*

Some seniors in Pain Court may consider the option of moving. Some say that if that were to happen, they would try to get closer to family members (children and grandchildren) who have settled in other regions. These people want homes or apartments where they can receive quality services, have security and assistance while participating in social life. Others think their children and grandchildren should live their life, and do not plan to move closer to family. They fear becoming a burden to their loved ones, and therefore would opt for a residence providing services if it was available in the region. Although the majority of seniors do not want to move, some wish that a home similar to Résidence Richelieu in Windsor could be made available in their region. Thus, they would be able to move when the need arises.

> *C'est bon de vivre chez soi, mais il faut bien continuer à rester actif, autonome et en santé. Si je dois déménager, je le ferai pour me rapprocher de mes enfants. Sinon j'aime mieux rester dans ma communauté auprès de mon cercle d'amis.*
>
> *Je veux bien continuer à vivre dans ma maison actuelle, mais si un lieu comme la Résidence Richelieu de Windsor était construit dans notre région, je pourrai envisager d'y déménager quand le besoin se présentera*.
>
> *Mes enfants doivent vivre leur vie et sont déjà bien occupés avec leur travail. Je ne veux pas constituer une charge pour eux. Si je dois déménager, je choisirai de vivre dans un appartement ou une maison supervisée où on peut m'offrir les services dont j'aurai besoin*.

Seniors in Pain Court said they enjoy a quality social life, and for the majority of them, this social life is very important and essential for their fulfilment and for maintaining their health. However, they presented a list of significant unmet needs. Indeed, seniors discussed the following:

- Lack of health services in French in the region, due to lack of professional French or bilingual health workers, and especially specialists: Some seniors say they do not have the capacity or the means to travel long distances to find services. Some seniors in Pain Court must go to London or Windsor to see a specialist who often is not able to provide services in French. Note that for some, the quality of care is more important than the language of services. However, the distance remains a barrier for all participants.
- Perceived lack of transportation in the region: Seniors have the desire to remain independent and active as long as possible, but the lack of public transportation for seniors (to go grocery shopping, to go to appointments, to the pharmacist or doctor, etc..) is perceived as a real barrier for people who have mobility difficulties or who can no longer drive.
- Lack of support services and home care services: Some people say they do not have the ability to make it to appointments with the doctor on their own. Respite services exist in the region, but they are not sufficient to meet the needs of all seniors.
- Lack of information on government initiatives for home maintenance: Many seniors made complaints in this regard.

- Lack of professionals who can provide good advice for a healthy lifestyle, healthy eating and physical activity that would benefit seniors.
- Lack of funeral homes offering services in French; it should also be noted that the forms for the cemetery are written in English only. Families must incur costs for the translation of these documents.

Plusieurs d'entre nous doivent se rendre à London ou à Windsor pour rencontrer un médecin. Ça devient de plus en plus difficile de conduire pour se rendre là-bas. De plus, si vous devez rester quelques jours pour avoir des soins alors que vous n'avez pas de parents ou de connaissances là-bas, le seul choix qui vous reste est de louer une chambre dans un motel à vos frais ou de dormir dans votre auto.

Regarding the language of service, seniors indicated that the region of Pain Court has always had a shortage of French language services in all areas, and especially in the field of health. Participants demonstrated great commitment to the French language and called for easy access to services in French, but these people aspire to much more to quality health care services (regardless of the language in which they are offered) than to services in their mother tongue that would not fill all their expectations. However, some would like the first point of contact for first line services or hospitals to be available in French.

Je préfère me faire soigner par un professionnel compétent, peu importe la langue des services. C'est la qualité des soins qui est importante pour moi.

Others would prefer to receive all services in French; however, they are reluctant to make a request. They fear, among other things, long waiting times and the risk of appearing too demanding to the nursing staff. In addition, some say they have a better understanding of medical terms in English than French. They would therefore prefer to explain their health problems in English, to ensure they are well understood by health personnel.

Avec le temps, j'ai appris à connaître les termes techniques en anglais de sorte qu'aujourd'hui je me sens plus confortable d'expliquer mes malaises à mon médecin en anglais. Ainsi, je m'assure qu'il me comprend bien. Les services en français, oui, mais j'aime mieux que le spécialiste comprenne mon problème et donne le traitement adéquat.

Moving into a retirement home does not constitute a challenge to the elders already living at Résidence Richelieu; they seem to be enjoying it. Seniors enjoy their surroundings and especially the opportunity they have to live with other seniors and enjoy a quality social life. However, they believe that the residence should provide more services. For example, some seniors complained that they had to carry their own garbage outside the building. They believe it is essential to have bins inside the building to avoid falls or other inconvenience for some people, especially in winter. They also perceive a lack of public transport services adapted to seniors to get to the shops, go to the doctor or pharmacy.

Nous n'avons pas de service de collecte des ordures à l'intérieur de la résidence. C'est assez difficile pour plusieurs d'entre nous d'aller vider les poubelles à l'extérieur, surtout en hiver. L'idéal serait d'en mettre une à notre disposition à l'intérieur.

Some seniors stressed that their bathrooms are not accessible. This lack of physical security (fear of not being able to get out of the bath) prevents them from taking their bath as they would like. Others say they need help to take their bath despite the accessibility of their bathroom. Others have mentioned the need to help to make minor repairs in their apartment, housekeeping, meal preparation and grocery shopping.

Seniors suggest that the residence should have private parking for residents. They also hope to benefit from a drug delivery service at home and public transportation to go out to visit friends and go to an appointment with the doctor.

About the possibility of moving into the long-term care home which is under construction in Windsor, some seniors are favorable provided that a section is reserved for Francophones. Others would like a home offering professional and non-professional services to be built next to the Résidence Richelieu.

For the seniors participataing in focus groups, the following elements are important for active and healthy aging:

- Home care services, professional and non-professional;
- Competent specialists;
- Public transport services adapted to seniors;
- Help or support to make it to appointments;
- Assistance for home maintenance and cleaning;
- Assistance for physical security (access to stairs);
- Mental health care to prepare the end of life;
- Elevators and other equipment to facilitate access.

6.3 Interviews with Key Informants

Thirty-five (35) individuals were identified as key informants by the study's steering committee; these people participated in structured interviews held in person and by phone in October, November and December 2013. The complete list of these individuals is appended to the report.

6.3.1 Highlights

Interview highlights are as follows:

- The data on the needs of Francophone seniors are not known. Apart from the study by the Entity and some global data at the provincial level, there are no studies that allow to accurately describe the needs of Francophone seniors in the Entity's territory. However, respondents felt that the needs of Francophone seniors are not significantly different from those of the elderly in general.
- Respondents confirmed the shortage of professionals who can serve in French, the lack of support for home care services and the lack of adequate transportation for seniors.
- For respondents who work in residential facilities for the elderly, the key to success in the field of elder care in a French context is offering unparalleled services and the ability of actors to provide an environment where seniors enjoy an active social life and feel at home in their community.
- A retirement home must have the well-being of residents as their sole priority. It should not be seen as an institution, but as a community of care. The management and staff must be accessible and responsive to the needs of users.
- Seniors want to age at home because they fear being cut off from the world by moving into a residence for the elderly. However, circumstances may compel them. According to respondents, it takes a team to assist, educate and prepare seniors through the various stages of aging.

6.3.2 Account of Interviews

Note: The comments (in italics) were recorded in this report in the language used by the informers.

Interviews with key informants confirm that the data on the needs of Francophone seniors' health care, home care and housing for the elderly are not known. Information on the needs of seniors in general exist, but there is no specific information Francophones.

> *We do quarterly surveys inclusive of the surveys that we do for all our services, asking a couple of French language specific questions. We don't have many answers because we don't deal specifically with a Francophone population. I also tend to look to the LEAN data, and I am also trying to find a strategic plan talking about the Francophone population as well as the survey that you have done.*

The lack of linguistic variables in many health databases partly explains the lack of data on Francophones in general and Francophone seniors in particular. Respondents felt that this could be due to a lack of resources.

> *I think it might be resources. Because if you can add that to your registration, let's say in your assessment, to go back to evaluate that is all manual – that is resource. And even hospitals do not all have that*.

As pointed out by the seniors in focus groups, interviews with key informants also confirmed the shortage of professionals who can serve in French. The institutions represented by some respondents also experience this challenge, and these people claim to be concerned and willing to do more to serve the Francophone community.

According to respondents, the needs of Francophones in terms of services for the elderly are not significantly different from those of the Anglophone community. In terms of chronic diseases, the situation of Francophones is seen to be similar to that of Anglophones.

> *Our greatest challenge is that we do not have a French speaking or a Francophone staff person or a designation plan, it is just me and I would even have all the enthusiasm in the world but it is difficult because I would like to attend more French language tables and become more immersed but I am not the right person. We have plenty of staff that want to take the French language training. So that is part of the issue that we are struggling with, and all we can do is work on it and it is a commitment that we made and we are going to get there and our French skills will become better.*

> *The Francophone population manifests itself in quite the same way as the general population in terms of disease. So I think for the most part we want to look at this to see if it shows something different. Personally, I do not think I have seen much evidence that the population is different in terms of the clinical presentation, which is quite where our focus is. We do know that there is aggregation of population and we are trying to be strategic in terms of trying to find those populations and then use technology to move out from there. I will say to you that the information that we get from the nurse practitioner will kind of help us in terms of what steps we are going to take next.*

Respondents indicated that the majority of seniors want to age at home. Some believe that seniors are not able to anticipate their needs in the near or distant future, and others refuse even to consider the possibility of leaving their homes and friends to move into an accommodation for seniors with unknown neighbors. In addition, it should be noted that some seniors do not want to live with people of their generation only. They want to operate in an environment where they will work with people of different generations. It is therefore necessary that retirement homes provide users with a friendly environment.

The key to success in this sector is to operate so that seniors feel at home in a community and not in an institution. The respondents said they are not sure of the specific needs of Francophone seniors; they indicated that transportation is a challenge for seniors in general. They also noted that the region is experiencing a shortage in home care for seniors.

> *I would not know for sure what the Francophone needs are, but in terms of seniors' needs, how it appears, transportation is a big one especially in the county – so overall for seniors, Francophones included. That is kind of encompassing the whole senior population, I could not say specifically for Francophones because we do not have that large of data. We have also attempted to track through website hits French speaking visits, we would track our French language service dashboard. With those hits it would have averaged, with our awareness, going around probably 75 visits per year.*
>
> *We are offering services and making that option available to people which is allowing us to track our French requests more, and I would say that exercise has been probably going on consistently for the past 6 months. We have tracked the number of services that we have been delivering in French, but now we are getting more consistent about it and asking different types of questions.*
>
> *I too will not be able to provide any information specific to Francophone seniors, but for the seniors' community at large, because I do not think the needs would be that different, we are tracking needs towards consistent provincial assessment that we are mandated to use now, but we still struggle when we work with seniors to find all the services that they need to support them living in their own homes. So for individuals who are choosing to remain in their own home, there is still a lack of services. We have had our application and our intake form. We designed some rough fully 10 years ago so that our very first question is: Would you like service in French. We have never had anyone answering yes ever*.
>
> *The model that I think intrigues me is the telemedicine to the home care side. I think the presentation we had the other day with Montfort Hospital is going to have a provincial aspect. If we can link a person into psychiatry and Montfort Hospital with the iPad within the house, I think there are some really appealing things there for me. The technology might just be our big concern*.

Regarding the context of Francophone seniors of the Entity's territory, i.e. the context for the provision of health care services to a small community of seniors with varied levels of needs, respondents felt that to reach all people in need, there are several options to consider in the case of services they provide to seniors. They also mentioned that the region lacks support in home care services specifically for Francophone seniors.

> *We are looking at partnering with other organisations that have the ability to conduct services in French to share that capacity, to ensure that we can consistently provide our service, and that is a key function. We do not have any support housing program in the county based on a largely French speaking community. It would be really interesting to know about the percentage of seniors or people with disability because that would very quickly change the culture of our organisation*.

However, they have set up "mobile support services" to help seniors in emergency situations. Seniors can, via an alarm system, seek assistance that will be at their door within ten minutes. In most cases these are seniors who are independent and able to perform activities of daily living without assistance.

> *We are looking at a 10 minutes response time. What you are doing is that you are setting up appointments for booking for all predictable events in someone's life. So they are still going to have their morning routines, to have lunch, to have their night routine, to book laundry, housekeeping. They also have a little alarm, and there is a lock box on the front door with the code, so if something*

occurs they push that alarm, or could use the telephone to call, and then an attendant is about 10 minutes away.

Respondents noted that the development of home care services or residence services for seniors is a project that requires time, resources, people involved, collaboration of all stakeholders and the contribution of seniors too. It takes a strategy to ensure that seniors do not perceive these homes as simply the place they move to while waiting to die. In addition, to provide quality services and keep personnel active, there must be a maximum of eighteen (18) people in a building. The homes must be constructed to allow seniors to age in good health, to be independent and active as long as possible. This number is set depending on funding and needs.

You need to have enough people that you are serving to sustain staff and keep them busy. You do not want them sitting around with nothing to do. So generally, we run the model that we believe works the best; it is probably a maximum of 18 people in a building. It depends on the budget and on what the needs are.

The environment should enable them to continue living as they would in their homes (entertaining family and friends, participate in community life, go into town, have opportunities to socialize, etc.) while receiving enough support for care. All staff must have the well-being of seniors at heart, and respond to their needs. Seniors need to feel at home and not in an institution. They will be fulfilled if the environment gives them a good life in society.

La maison profite du soutien de près de deux cents bénévoles qui sont disposés à accomplir toutes sortes de tâches. Ils sont prêts à nous soutenir dans tout ce qu'on leur demande: coiffure, transport, cuisine, etc. Nous offrons régulièrement à nos résidents des occasions de fraternisation, des sorties et des cultes. Ici les gens vivent dans une communauté et non dans une institution de soins. Les séances de conversation, les partages de fraternisation et l'ambiance de travail facilitent les liens (qui se tissent facilement) entre résidents, employés et familles de résidents.

Who we are is because of community. We have 200 volunteers who come do all sort of things whether it is working in a hair salon or transport or whatever we will ask them to do they will do!

To attract people, give residents a community life, a life at home and keep a good reputation, a residence for seniors, especially a residence established by a minority community, must offer impeccable services. Developers and staff (nursing and non-nursing) must work hard, even twice harder than anyone. They must strive for perfection in providing services (training of staff, programs delivered and meals offered). The management and staff must be accessible and available to answer any concerns of residents and their families.

The facility has to be homelike, it cannot be institutional. So whether they are at home or in a long-term care facility, they are still going to get visit. Because so many seniors are afraid that if they move out of their home and come into an organisation that provides care, they are not going to get any visits from their friends or neighbours down the road; but here they will still get visits because there are a lot of clusters but also because we care; it is a caring support group. So the key that makes me valid is home, not an institution, not a facility. A lot of that has to do with ensuring that seniors feel comfortable.

According to respondents, seniors must be aware and prepared through the various stages of aging, especially when it comes time to move from one level of care to another. The strategies used to this end must help them transit from one stage to another peacefully.

La transition entre les niveaux de services (par exemple le passage d'une résidence supervisée à un niveau nécessitant plus de soins) pour nos résidents se passe très bien. Les gens sont bien entourés et

bénéficient d'une bonne prise en charge, ce qui explique la longue liste d'attente. Nous faisons de notre mieux pour éduquer nos aînés et nous leur expliquons qu'il est important d'exprimer leurs besoins avant que les incapacités ne prennent le dessus. Ils comprennent que quand ils déménagent ici, le cadre et les services offerts leur permettront de continuer à vivre en bonne santé et à conserver leur autonomie le plus longtemps possible.

We are not just saying Manulife home; we embrace all the nominations. And that takes a little bit of dancing to have everyone feel like they are truly at home. But we do a lot of fellowship; we bring together the residents who cannot make it on their own, we gather whether it is for a concert or a movie to ensure that everyone feels they belong.

Section V: Feasibility of a Francophone Seniors' Residence in Windsor

The second mandate in this study was to determine the housing needs of elderly Francophones in Windsor and the feasibility of building a long-term care home.

The feasibility study of a housing service for seniors in Windsor uses data from various secondary sources, including data from the Ministry of Health and Long-Term Care and from the Community Care Access Centres of both regions, as well as information obtained from key informants. Data on private rental housing services are taken from annual reports released by the Canada Mortgage and Housing Corporation (CMHC).

This exploration was conducted taking into account two crucial elements of context: the provincial moratorium on the issuance of new licenses for long-term care beds, and the provincial policy framework supporting home care. Thus, pure and simple construction of a long-term care facility for Francophone seniors was not envisaged, with the exception of possible purchases of existing licenses (with or without existing buildings) or the designation of an existing service provider under the *French language Services Act*.

The focus is on the feasibility of developing a project to serve as a physical focal point for the organization of home care services.

This section describes the following:

- An estimate of the total potential market, i.e. the number of Francophone seniors in Essex County which might be attracted by a supportive housing residence;
- An estimate of the exploitable potential market, i.e. the number of seniors that such a project could realistically attract under current market conditions;
- Key factors in the sensitivity of potential customers, such as sensitivity to the price of rent and the type and level of services to be provided, including the layout and furnishing of housing units.

1 Estimated Potential Market

The estimate of the potential market size can be made using demographic data from Statistics Canada and the capture rate calculated by the Canada Mortgage and Housing Corporation (CMHC).

- Demographic data indicate that in 2011, in the Erie St. Clair LHIN region, the total Francophone population aged 75 years and over was 2,390 people (see Table 11). Essex County accounts for 72% of people aged 75 years and in the Erie St. Clair LHIN territory.
- The Canada Mortgage and Housing Corporation's survey indicates that in 2013, rental residences for the elderly have a capture rate of 6.5% (based on the number of people aged 75 years and over). According to CMHC data for Essex County, Windsor represents 50% of the number of spaces (1,086 spaces out of 2,107) and of residents (926 residents out of 1,867) distributed in 10 of 25 homes of the county (see Table 39).

- A simple calculation allows us to estimate the total potential market for a rental residence for the region's elderly would be 155 people, if a single regional facility attracted a proportion equal to that of all people aged 75 years and over who are distributed in 123 rental residences for the elderly in the Erie St. Clair region (see Table 48).

The Francophone population being concentrated in Essex County, the proportion of 72% is used to assign arbitrarily 112 of 155 theoretical spaces for Francophone seniors.

- Studies show that family proximity is a crucial factor in making a choice of a residence for seniors. The number of Francophones aged 75 years and over who wish to live in a residence in Windsor or elsewhere in the region would in fact be lower.
- Résidence Richelieu has 51 units. Between 2010 and 2013, the residence has welcomed 13 new residents (replacing 8 residents who died, 3 residents transferred to long-term nursing homes and 2 residents who have moved elsewhere). In November 2013, 41 people were on the waiting list. According to data from the Résidence Richelieu, the expressed need is 92 spaces, or 82% of the theoretical potential market, confirming the accuracy of the approximation made in this study.

Table 48: Estimated number of spaces in private rental residences for Francophones aged 75 years and over, Erie St. Clair and South West

Centre	A	B	C	D	E
	Francophone population* (Inclusive definition)			Estimated number of spaces in private rental residences	
	Aged 75 to 79 years	Aged 80 years and over	Aged 75 years and over	Estimated capture rate (CMHC)**	Theoretical supply
			A + B		*C x D*
Southwestern Ontario	*1,440*	*1,785*	*3,225*	*5.9%*	*190.3*
Erie St. Clair LHIN	1,060	1,330	2,390	6.5%	155.4
South West LHIN	380	455	835	5.4%	45.1

* French FOLS and English and French FOLS. See Table 11 (ESC) and Table 12 (SW).

** See Table 39.

1.1 Estimaed Exploitable Potential Market

According to the analysis, a project consisting of 30 to 40 units would meet the needs of Francophone seniors under current market conditions. For planning purposes, various options were explored in this study, for a building of 20, 30 and 40 units.

2 Characteristics of Seniors (Grouped by Age Cohort)

CMHC offers the following descriptions of four cohorts of seniors grouped in increments of 10 years. The texts quoted in this section are taken from the document *Housing for Older Canadians* (CMHC, 2012a).

Canada

> *Although these four cohorts have many differences, older Canadians have several characteristics and preferences in common. For example, a majority are financially secure with stable incomes and mortgage-free homes. This will allow them to be selective in their housing and lifestyle choices. As they get older, they will be driving less, suggesting a need for pedestrian-friendly housing arrangements located in areas served by other forms of transportation. Approximately 85% of older Canadians would prefer to age in place, and most will be living in urban areas. They will require supports and housing options to allow them to live independently in their own homes for as long as possible.*

Erie St. Clair/South West

People aged 75 years and over accounted for approximately 6.4% of the population in Canada in 2006. They account for 13.0% of the Francophone population in Erie St. Clair (945 men and 1,425 women, a total of 2,390 people) and 7.5% of the Francophone population in the South West (350 men and 485 women, a total of 835 people).

Among the population aged 55 years and over in Erie St. Clair, about 70% live in Essex. This proportion varies little among the different age groups of seniors.

2.1 Pre-Seniors – Aged 55 to 64

Canada

> *Pre-seniors made up 11.6% of the population in 2006 and are projected to account for a similar percentage (11.4%) in 2036. The gender distribution in this age category was 96.7 men for every 100 women. This group is relatively well-off, with the highest average personal incomes of all age categories in 2005. Of households with a primary maintainer aged 55 to 64, more than three-quarters (77.7%) were owners in 2006; of those, more than half (56.2%) owned their homes mortgage-free. A large proportion (62.3%) of all households with a primary household maintainer aged 55 to 64 live in single detached homes, and just over half (52.5%) had not moved in the five years before the 2006 census.*

Erie St. Clair/South West

Seniors aged 55 to 64 years account for 18.0% of the Francophone population in Erie St. Clair (1,600 men and 1,705 women, a total of 3,295 people).

Seniors aged 55 to 64 years account for 16.6% of the Francophone population in the South West (925 men and 940 women, a total of 1,855 people).

2.2 Younger Seniors – Aged 65 to 74

> *This group represented 7.2% of the population in 2006 and is projected to account for 11% of the population in 2036. It has 90.5 men for every 100 women. Less than a quarter of this population was employed, with labour force participation rates of 22.2% for men and 10.4% for women. The average personal income of this group is also much lower than that of the younger group, although a much greater proportion (75.8%) of owner households with a primary maintainer aged 65 to 74 years own*

their homes mortgage-free. A slightly smaller proportion (59.3%) of these households (than of pre-senior households) lives in single-detached homes. Within this age group, 3.0% of those with disabilities required assistance with personal care. In 2006, 52.9% of individuals in this age group had not changed their residence within the preceding five years.

Erie St. Clair/South West

Seniors aged 65 to 74 years account for 14.6% of the Francophone population in Erie St. Clair (1,340 men and 1,355 women, a total of 2,680 people).

Seniors aged 65 to 74 years account for 11.0% of the Francophone population in the South West (575 men and 645 women, a total of 1,230 people).

2.3 Older Seniors – Aged 75 to 84

Canada

This group made up 4.8% of the population in 2006 and is projected to account for 8.8% of the population in 2036. It includes significantly more women than men, with 71.8 men for every 100 women. Only a very small percentage of seniors in this age group is still working, with labour force participation rates of 7.5% and 2.4% for men and women, respectively. The average personal income is also lower than that of the two younger groups. A smaller percentage of households with primary maintainers aged 75 to 84 years are homeowners (67.9%), but a larger proportion of these owner households are mortgage-free (86.3%). Only a little over half (50.6%) still live in single-detached homes and almost a fifth (19.8%) live in apartments in buildings less than five stories high. Individuals in this group are also less likely to move: 60.2% of them had not moved in the five years preceding the 2006 census.

Erie St. Clair/South West

Seniors aged **75 to 79** years account for 5.8% of the Francophone population in Erie St. Clair (450 men and 600 women, a total of 1,060 people).

Seniors aged **75 to 79** years account for 3.4% of the Francophone population in the South West (170 men and 215 women, a total of 380 people).

2.4 Eldest Seniors – Aged 85 and Older

Canada

This group accounted for 1.6% of the total population in 2006 and is projected to make up 3.8% of the population in 2036. The vast majority of this group is women, as there were 45.1 men for every 100 women. The proportion of those living in special care facilities and in hospitals increases with age. Therefore a large proportion of this age group will not be living in private households, either as homeowners or renters.

Erie St. Clair/South West

Seniors aged **80 years and over** account for 7.2% of the Francophone population in Erie St. Clair (495 men and 825 women, a total of 1,330 people).

Seniors aged **80 years and over** account for 4.1% of the Francophone population in the South West (180 men and 270 women, a total of 455 people).

2.5 Sensitivity to Rental Price

A significant number of participants in the focus groups pointed out that the price was an important factor. The following draws on the data presented in Table 20 for the Erie St. Clair region in 2006:

- 19.9% of Francophones aged 65 years and over have a total income of less than $15,000;
- 63.2% of Francophones aged 65 years and over have a total income between $15,000 and $39,999;
- 12% of Francophones aged 65 years and over have a total income between $40,000 and $59,999;
- 4.9% of Francophones aged 65 years and over have a total income of more than $60,000.

Statistics Canada data from the National Household Survey (2011) show the following picture regarding the income of men and women aged 65 years and over according to first official language spoken (see Table 49).

- The median annual income of Francophone men is $33,972 and the average income is $37,595;
- The median annual income of Francophone women is $23,691 and the average income is $30,674.

Table 49: Median and average income according to first official language spoken and sex, population aged 65 years and over, Windsor CMA, 2011

Sex	Characteristic	Total	English FOLS	French FOLS	Difference (French FOLS – English FOLS)		English and French FOLS
					$	%	
TOTAL	Total – Income and earning statistics in 2010	45,025	40,220	3,030			190
	Without income	165	85	0			0
	With income	44,860	40,135	3,005			190
	Median income ($)	$27,200	$27,802	$28,435	$633	2.3%	$32,421
	Average income ($)	$34,725	$35,394	$33,637	-$1,757	-5.0%	$34,271
Male	Total – Income and earning statistics in 2010	20,300	18,410	1,285			135
	Without income	0	0	0			0
	With income	20,290	18,400	1,285			140
	Median income ($)	$35,998	$36,421	$33,972	-$2,449	-6.7%	$47,178
	Average income ($)	$42,692	$43,618	$37,595	-$6,023	-13.8%	$39,677
Female	Total – Income and earning statistics in 2010	24,725	21,810	1,740			55
	Without income	155	75	0			0
	With income	24,570	21,735	1,715			55
	Median income ($)	$21,626	$22,004	$23,691	$1,687	7.7%	$16,683
	Average income ($)	$28,145	$28,431	$30,674	$2,243	7.9%	$20,177

Source: National Household Survey: Income and Housing, topic-based tabulation, Statistics Canada catalog no. 99-014-X2011041.

3 Residence Project Components

The construction of a rental residence for seniors must include the following types of areas:

- Rental housing, depending on the final configuration chosen following the technical studies in the next phase;
- Security services, possibly including a reception;
- The space required for standard care services (i.e., a secure pharmacy area, a common dining room, a commercial kitchen for meal preparation, a lounge, and an office);
- The space required for heavy care services (i.e., a controlled-access section for people with Alzheimer's or dementia and an ergonomic bathroom for assisted bathing);
- An elevator, and possibly a service elevator or a second elevator;
- A multipurpose room of 1,000 square feet.

The needs assessment does not include concepts studies, which will be carried out by architects. The project will need to call on experts to design the building and specify construction budgets based on financial parameters that will be established. The present study attempts only to expose realistic options and the general terms of feasibility for the project.

For illustrative purposes, this section contains typical plans of rental units used by property developers. The following figures show three types of units.

- An apartment of 640 square feet, including a bedroom, a bathroom, a kitchen and a living/dining room; the unit has no washer or dryer; this unit is similar to a bachelor (see Figure 7);
- An apartment of 700 square feet, including a bedroom, a bathroom including washer and dryer, a kitchen and a living/dining room (see Figure 8);
- An apartment of 850 square feet, including a master bedroom with bathroom, a second bedroom, a second bathroom, a kitchen, a living/dining room and an integrated laundry space (washer and dryer) (see Figure 9).

Figure 7: Example of a 640 square foot apartment (Unit A)

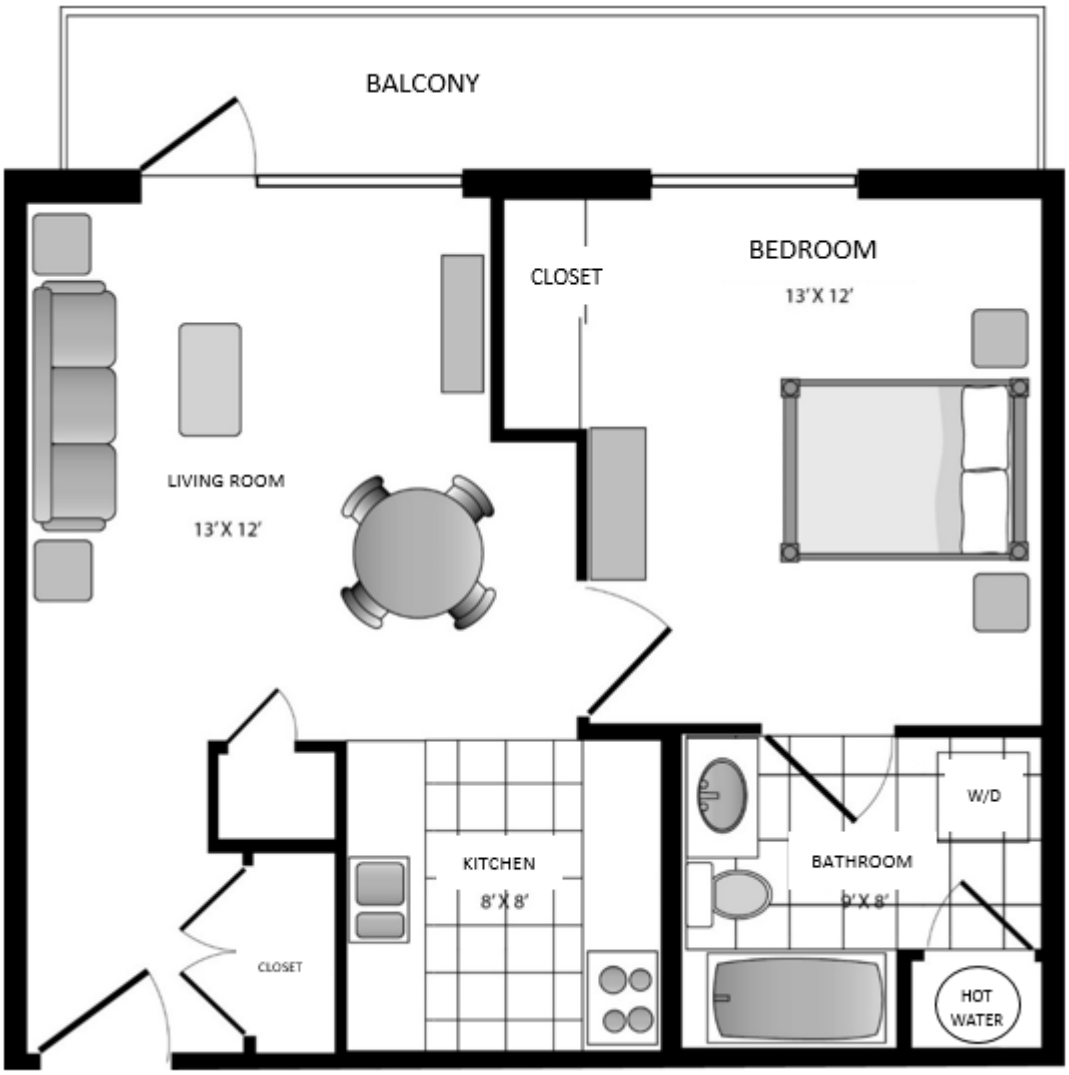


Figure 8: Example of a 700 square foot apartment (Unit B)

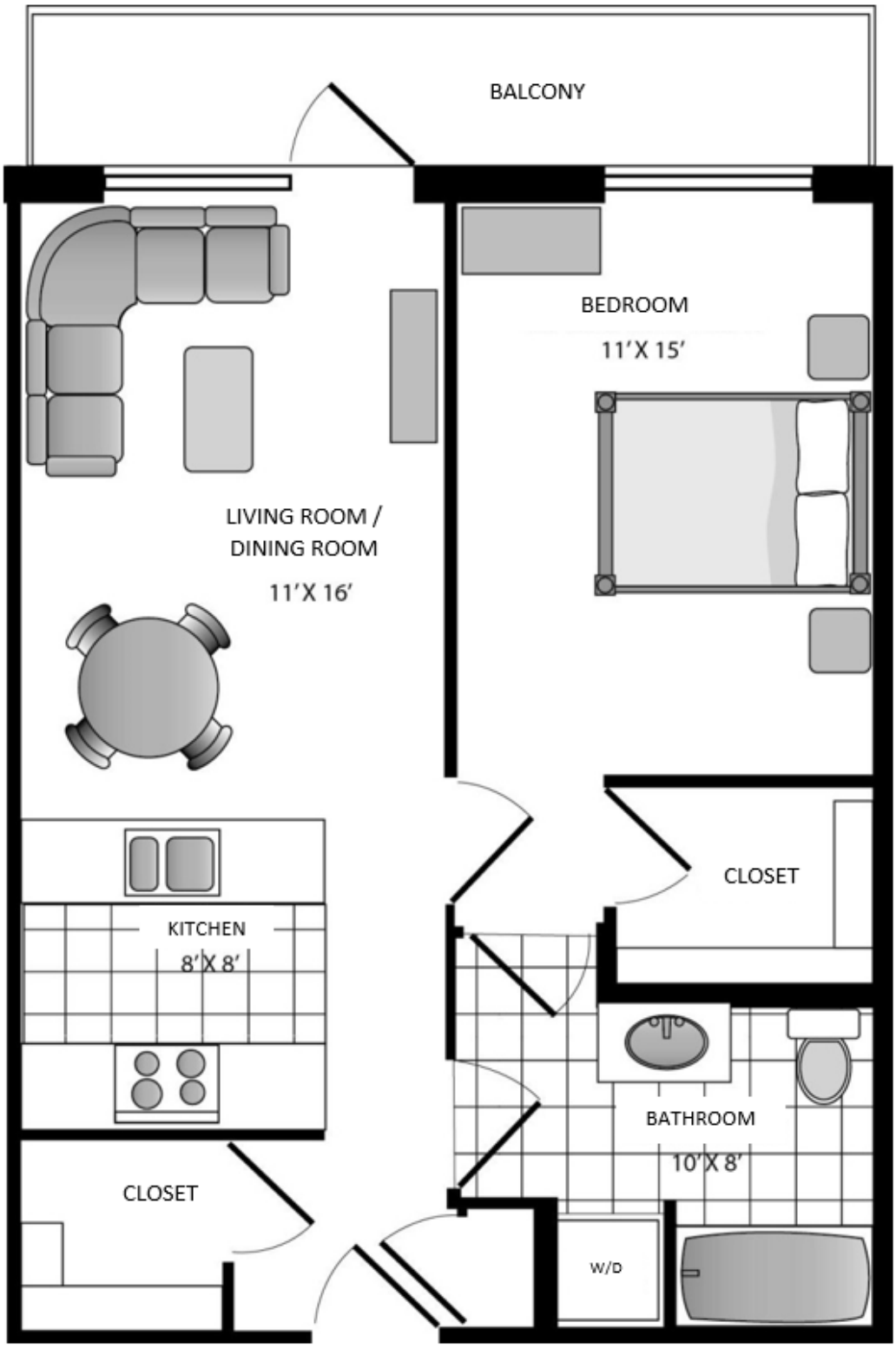
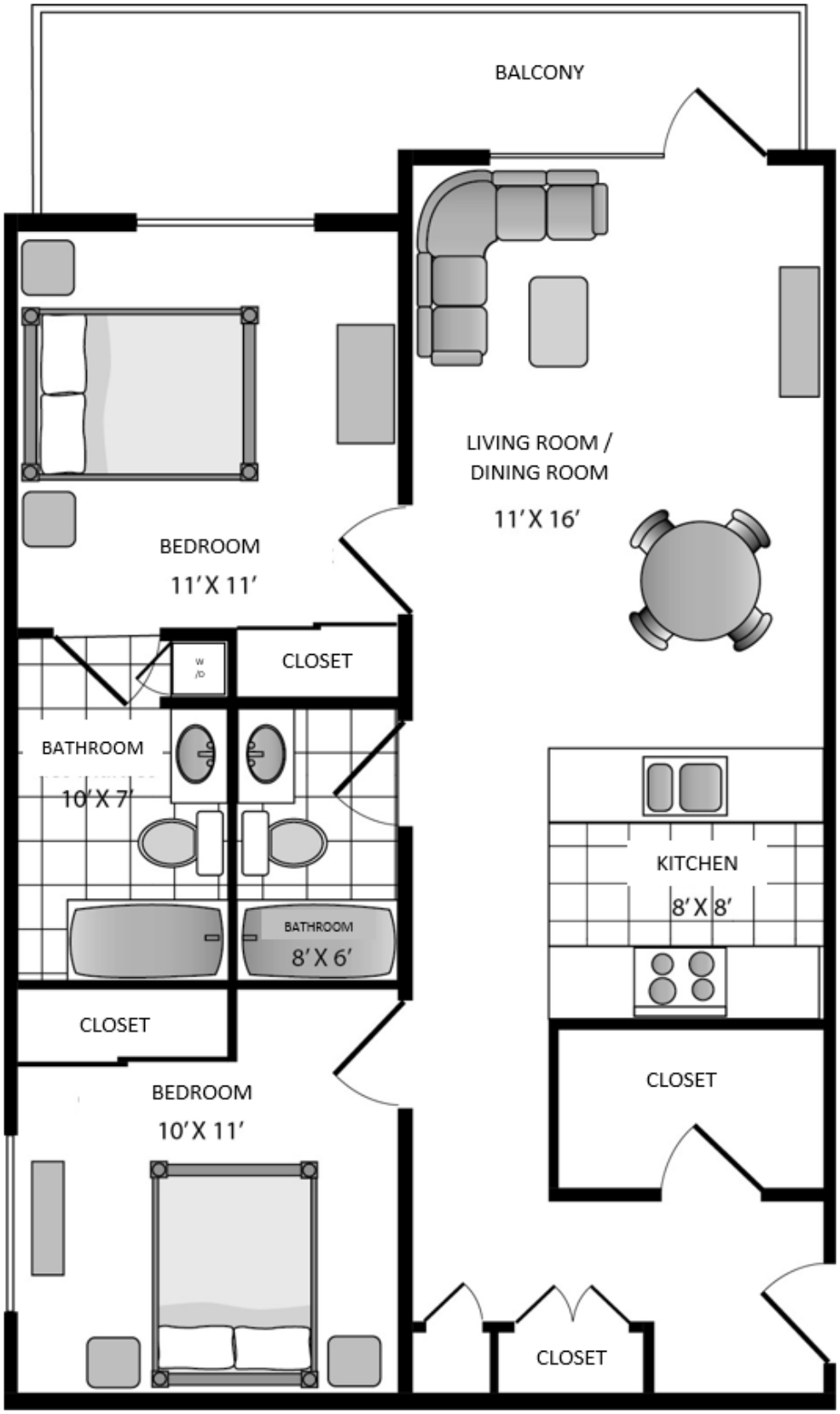


Figure 9: Example of an 850 square foot apartment (Unit C)



4 Evaluation of the Feasibility of a Francophone Seniors' Residence in Windsor

4.1 Principles for the Management of a Capital Project

Our firm offers three principles that should guide this kind of community-driven capital project.

4.1.1 The project must be viable in the long term

The main challenge in this type of project will obtain the funds for construction. There are programs that support the construction of affordable housing. The provincial government has indicated that housing for seniors is not the priority in its affordable housing programs. The government's priority is to keep seniors at home as long as possible. Our firm does not recommend that project sponsors apply to government affordable housing programs for various reasons. First, the process is very lengthy. Moreover, the project should match municipal priorities, since the province does not directly engage with developers. Project proponents could consider developing an affordable housing project if the provincial public policy changes. In this case, they should also keep in mind that they will lose control over admissions to the residence, since an essential criterion of public housing funds is accessibility to all according to need.

Another challenge is ensuring that community organizations can pay transaction costs for the life of the project. In our climate, the useful life is calculated on the basis of 30 to 35 years. There must be a reserve ratio of 2.8% per year to entirely renew the infrastructure at the end of its useful life. A new building must provide for at least 1% of reserves per year, since the expenses are minimal during the first 10 to 12 years.

4.1.2 The project must have a governance model that ensures effective and efficient decision making

A community project challenges many partners and organizations that have different mandates, structures and legislative and regulatory frameworks. There must therefore be a governance model and a business model that strike a balance between the participation of all stakeholders and timely decision making.

4.1.3 The project needs to succeed in a competitive environment

Property developers and specialized companies can count on the advantage of economies of scale both in terms of construction and in terms of the operation of a rental residence. A Francophone residence will not operate in a vacuum; it must provide comparable services at competitive prices, and it must know the changing profile of its Francophone clientele.

4.2 Excel Financial Projection Tool

The financial projections are developed using variables related to current market conditions in construction and finance, taken from information published by major Canadian banks and specialized provincial and national associations.

The firm has developed a tool that allows project managers to generate all the possible cost scenarios. This tool is embedded in the electronic version of the report. Project managers can use the tool to make detailed calculations once a site has been found. These detailed calculations will be needed when requests are sent to various donors or lenders.

All calculations related to this analysis have been programmed into the Excel tool. By double-clicking the file icon below, the Excel spreadsheets will open and can be viewed and manipulated. This requires software that can handle Excel 2007-2010 files.

Embedded Excel file 3: Financial analysis and projection of costs and rent levels

CAPITAL AND OPERATIONS.xlsx

5 Presentation of Scenarios

Five scenarios are developed to illustrate the different options that have been analyzed. The following sections present these scenarios and calculations in full detail.

- Scenario 1: A building containing only rental housing for seniors, without common rooms or service areas or multipurpose room for residents, with an estimated construction cost of $250 per square foot;
- Scenario 2: A building containing only rental housing for seniors, without common rooms or service areas or multipurpose room for residents, with an estimated construction cost of $150 per square foot;
- Scenario 3: A building containing supportive housing for seniors including common rooms and service areas, without a multipurpose room;
- Scenario 4: A building containing supportive housing for seniors including common rooms and service areas, with a multipurpose room, under favorable financial conditions;
- Scenario 5: A building containing supportive housing for seniors including common rooms and service areas, with a multipurpose room, subject to difficult financial conditions and a slightly higher vacancy rate.

Each scenario develops three options for the residence:

- 20 housing units;
- 30 housing units;
- 40 housing units.

The cost of land is not included.

5.1 Variables

Many variables have been used and may be modified by the project proponents using the Excel planning tool developed for the analysis.

These variables are highlighted in the Excel table.

The following variables are used in the development of scenarios:

- The estimate of the net area and gross floor area of the building, depending on the number of rental units per type (bachelor, one-bedroom, two-bedroom), common areas for residents, and multipurpose room for the community, if any;
- The construction cost per square foot based on a rough estimate per square foot;
- The parameters of mortgage financing, including the down payment, borrowed capital, the interest rate, and the term;

- Rental income from residential units, including the monthly rent by type of housing unit calculated according to a redistribution of public areas by rental unit;
- The building operation costs, including regular operating costs for common areas (electricity, heating, water, insurance, maintenance, etc.), debt service, the vacancy rate, and the capital reserve fund; these costs are then expressed in monthly cost per gross square foot.

The scenarios do not include any rental income for community spaces. It is likely that these potential revenues will be sufficient to pay for the operating costs of the multipurpose community room; however, this income should not be used to calculate the long-term financial obligations of a residence.

5.1.1 Estimate of the Floor Area of the Building

The estimate of the net area and gross floor area of the building, depending on the number of rental units per type (bachelor, one-bedroom, two-bedroom) and their floor area, common areas for residents, and multipurpose room for the community, if any.

- The distribution of the total number of units per type – bachelor, one bedroom, two bedrooms, and the total number of units.

  Variables in Excel table:
  - *Bachelor: Cells D4, E4 and F4*
  - *One bedroom: Cells D5, E5 and F5*
  - *Two bedrooms: Cells D6, E6 and F6*

- The net floor area of rental units by type (bachelor = 640 sq ft, one bedroom = 700 sq ft, two bedrooms = 850 sq ft).

  Variables in Excel table:
  - *Bachelor: Cell B14*
  - *One bedroom: Cell B15*
  - *Two bedrooms: Cell B16*

- The gross area of rental units (net area generally represents 75% of gross area; corridors, elevators, mechanical services, public bathrooms, etc. represent another 25% of area).

  Variable in Excel table: Cell C13

The gross area of rental units is presented on line 17.

- The area of common areas is gross. The area of common rooms (dining room, living room, etc.) is estimated at 20 square feet per resident. The area of services (kitchen, office, etc.) is estimated very conservatively at 4,000 square feet.

  Variables in Excel table:
  - *Common rooms: Cell C20*
  - *Services (kitchen, office, etc.): Cell C21*
  - *Multipurpose room: Cell C22*

The total gross area is presented on line 24; this information is repeated on line 29 to provide a clearer picture of calculations regarding financing.

5.1.2 Construction Costs

Construction costs of a specialized public access building are estimated between $250 and $300 per square foot. This cost should include external infrastructure (landscaping, parking and lighting, drainage area, etc.). Some key informants work with a construction cost estimated at $150 per square foot, an estimate based on add-ons to existing buildings.

Variable in Excel table: Cell C30

Total construction cost (line 30) equals construction cost per square foot (cell C30) multiplied by total gross area (line 29).

5.1.3 Mortgage Financing

Financing is calculated assuming a down payment of 25% of the cost of construction and obtaining a mortgage loan at current market conditions, i.e. at a rate of 5% and an amortization period of 25 years.

Variables in Excel table:

- *Percentage of down payment: Cell C31*
- *Amortization (in years): Cell B33*
- *Rate of mortgage loan: Cell C33*

The cost of debt service is presented on an annual basis on line 33 and on a monthly basis on line 59. Calculations are automated, using standard formulas in Excel.

5.1.4 Monthly Rental Income

The monthly rental income from housing is automatically calculated using various factors in the Excel table. There is no variable to be manipulated directly.

Rental income of multipurpose spaces could be calculated by entering an amount calculated per square foot for the year (as for the cost of regular operations below). Any rental income from the multipurpose room are not included in the scenarios since this revenue should correspond roughly to the costs incurred.

Variable in Excel table: Cell C55

5.1.5 Monthly Operation Costs

The building operation costs include:

- Regular operating costs for common areas estimated at $8 per square foot (electricity, heating, water, insurance, maintenance, municipal taxes, etc.); these costs may range between $8 and $12 per square foot, according to specific features of the building);
- Debt service, i.e. the monthly mortgage repayment according to the amount borrowed, the interest rate and the term;
- Vacancy rate estimated by CMHC for the Windsor region is 3.7% for the global rental market and 16.1% for the specific market of seniors residences;

- Capital reserve fund, generally between 1% and 2.8% of construction cost. As the study deals with a new building, the rate of 1% is used in all scenarios but the last.

  Variables in Excel table:
  - *Vacancy rate: Cell C58*
  - *Operating costs per square foot: Cell C60*
  - *Capital reserve: Cell C61*

The sum of these costs appears on line 62 and is then expressed as monthly cost per gross square foot on line 64.

6 Scenario 1: Rental housing building for seniors without common areas for residents, at an estimated construction cost of $250 per square foot

6.1 Description of the Scenario

This scenario is developed to illustrate the construction of a building containing only housing for seniors, without common areas for residents or a multipurpose room. Such a project would allow Francophone seniors to live in the same building and would concentrate the supply of French language home support services in one place. This scenario does not offer the ability to easily meet the evolving service needs of an increasingly frail senior.

The main variables used are:

- A construction cost of $250 per square foot;
- A mortgage rate of 5% amortized over 25 years;
- A vacancy rate of 3.7%;
- A 1% rate for the capital reserve fund.

6.2 Estimated Area of the Building

The estimated net area and gross floor area of the building can vary depending on the number of rental units per type (bachelor, one bedroom, two bedrooms) and their surface area, common areas for residents and the multipurpose room for the community, if any.

6.3 Distribution of the Total Number of Units per Type

Table 50 shows the distribution of the number of units per type following each of the three options. There is a predominance of bachelors and one-bedroom apartments, with only a few two-bedroom units.

Table 50: Distribution of the number of units per type, Scenario 1

NUMBER OF RENTAL UNITS			Option A	Option B	Option C
Bachelor			8	12	16
1-bedroom unit			8	12	16
2-bedroom unit			4	6	8
Total number of rental units			**20**	**30**	**40**

6.4 Gross Area of the Building

Table 51 shows the gross area of the building, calculated from the net area of rental units using 640 sq ft for a bachelor, 700 sq ft for a one-bedroom apartment and 850 sq ft for a two-bedroom unit. There are no common areas and there is no multipurpose room.

The total gross area is estimated at 17,650 sq ft for a 20-unit building, 26,475 sq ft for a 30-unit building, and 35,300 sq ft for a building of 40 units.

Table 51: Total gross area of the building, Scenario 1

SURFACE AREA OF RENTAL UNITS					
Total number of rental units	**Net area**	**Gross area**	**Option A** **20**	**Option B** **30**	**Option C** **40**
Multiplying factor (to include gross area)		***125%***			
Bachelor	640	800	6 400	9 600	12 800
1-bedroom unit	700	875	7 000	10 500	14 000
2-bedroom unit	850	1 063	4 250	6 375	8 500
Gross area of rental units (square feet)			**17 650**	**26 475**	**35 300**
COMMON AREAS (square feet)					
Common spaces (sq ft per resident)			-	-	-
Services (kitchen, office, etc.)			-	-	-
Multipurpose room			-	-	-
Gross area of common spaces (square feet)			**-**	**-**	**-**
TOTAL GROSS AREA (square feet)			**17 650**	**26 475**	**35 300**

6.5 Cost of Construction and Mortgage Financing

Table 52 shows construction costs of a specialized public access building, based on an estimate of $250 per square foot. This cost must include external infrastructure (landscaping, parking, etc.). The total cost for the construction of the building is estimated at:

- $4,412,500 for 17,650 sq ft (20 units), requiring a down payment of $1,103,125 and a mortgage of $3,309,375 representing a repayment of $232,155 per year;
- $6,618,750 for 26,475 sq ft (30 units), requiring a down payment of $1,654,688 and a mortgage of $4,964,063 representing a repayment of $348,233 per year;
- $8,825,000 for 35,300 sq ft (40 units), requiring a down payment of $2,206,250 and a mortgage of $6,618,750 representing a repayment of $464,311 per year.

The cost of land is not included.

Table 52: Cost of construction and mortgage financing, Scenario 1

CONSTRUCTION AND FINANCING COSTS			Option A	Option B	Option C
Total number of rental units			**20**	**30**	**40**
Total gross area (square feet)			17,650	26,475	35,300
Estimate of construction cost		**$250**	**$4,412,500**	**$6,618,750**	**$8,825,000**
Down payment		25%	$1,103,125	$1,654,688	$2,206,250
Amount financed through mortgage			$3,309,375	$4,964,063	$6,618,750
Annual debt service	25	5.0%	($232,155)	($348,233)	($464,311)

6.6 Monthly Rent by Unit Type

Monthly rent revenue from housing is calculated by multiplying the monthly operation cost by the gross area attributable to each unit (including the housing unit itself and a proportional share of common areas).

Table 53 shows the range of monthly rents in the building. Under Option A:

- A bachelor would rent for $1,194;
- A one-bedroom apartment would rent for $1,306;
- A two-bedroom apartment would rent for $1,586.

Table 53: Monthly rent by unit type, Scenario 1

Monthly operation cost (per square foot)			*$1.49*	*$1.49*	*$1.49*
MONTHLY RENT PER UNIT			**Option A**	**Option B**	**Option C**
Total number of rental units			**20**	**30**	**40**
Bachelor			$1,194	$1,194	$1,194
1-bedroom unit			$1,306	$1,306	$1,306
2-bedroom unit			$1,586	$1,586	$1,586

6.7 Monthly Operation Fees

Table 54 shows the total monthly income and the total monthly operating costs. The calculations indicate that:

- A 20-unit building will generate $26,352 monthly gross income;
- A 30-unit building will generate $39,528 monthly gross income;
- A 40-unit building will generate $52,703 monthly gross income.

The calculation of operation costs is based on the following:

- Regular operation costs for common areas (electricity, heating, water, insurance, maintenance, etc.) are estimated at $8 per square foot annually;
- Debt service, i.e. the monthly mortgage repayment, is determined according to the amount of borrowed capital for each option, with a 5% interest rate and a 25-year amortization period;
- A vacancy rate of 3.7% is used (rental market rate);
- Capital reserve fund allocations are set at 1% per year (new construction).

Table 54: Total monthly revenue from rent and operation fees, Scenario 1

MONTHLY REVENUE FROM RENT			Option A	Option B	Option C
Total number of rental units			**20**	**30**	**40**
Bachelor			$9 555	$14 333	$19 111
1-bedroom unit			$10 451	$15 677	$20 902
2-bedroom unit			$6 345	$9 518	$12 691
TOTAL MONTHLY REVENUE FROM RENT			**$26 352**	**$39 528**	**$52 703**
Rental of community spaces		$0	$0	$0	$0
GROSS TOTAL REVENUE FROM RENT			**$26 352**	**$39 528**	**$52 703**
OPERATION COSTS					
Vacancy rate		3,7%	($975)	($1 463)	($1 950)
Debt service	25	5,0%	($19 346)	($29 019)	($38 693)
Building operating costs		$8	($2 353)	($3 530)	($4 707)
Capital reserve fund allocation		1,0%	($3 677)	($5 516)	($7 354)
TOTAL MONTHLY OPERATING COSTS			**($26 352)**	**($39 528)**	**($52 703)**
Net revenue / (Loss) per month			**$0**	**$0**	**$0**
Monthly operating cost (per square foot)			*$1,49*	*$1,49*	*$1,49*

7 Scenario 2: Rental housing building for seniors without common areas for residents, at an estimated construction cost of $150 per square foot

7.1 Description of the Scenario

This scenario is developed to illustrate the construction of a building containing only housing for seniors, without common areas for residents or a multipurpose room. Such a project would allow Francophone seniors to live in the same building and would concentrate the supply of French language home support services in one place. This scenario does not offer the ability to easily meet the evolving service needs of an increasingly frail senior.

The main variables used are:

- A construction cost of $150 per square foot;
- A mortgage rate of 5% amortized over 25 years;
- A vacancy rate of 3.7%;
- A 1% rate for the capital reserve fund.

7.2 Estimated Area of the Building

The estimated net area and gross floor area of the building can vary depending on the number of rental units per type (bachelor, one bedroom, two bedrooms) and their surface area, common areas for residents and the multipurpose room for the community, if any.

7.3 Distribution of the Total Number of Units per Type

Table 55 shows the distribution of the number of units per type following each of the three options. There is a predominance of bachelors and one-bedroom apartments, with only a few two-bedroom units.

Table 55: Distribution of the number of units per type, Scenario 2

NUMBER OF RENTAL UNITS			Option A	Option B	Option C
Bachelor			8	12	16
1-bedroom unit			8	12	16
2-bedroom unit			4	6	8
Total number of rental units			**20**	**30**	**40**

7.4 Gross Area of the Building

The total gross area is estimated at 17,650 sq ft for a 20-unit building, 26,475 sq ft for a 30-unit building, and 35,300 sq ft for a building of 40 units.

Table 56 shows the gross area of the building, calculated from the net area of rental units using 640 sq ft for a bachelor, 700 sq ft for a one-bedroom apartment and 850 sq ft for a two-bedroom unit. There are no common areas and there is no multipurpose room.

The total gross area is estimated at 17,650 sq ft for a 20-unit building, 26,475 sq ft for a 30-unit building, and 35,300 sq ft for a building of 40 units.

Table 56: Total gross area of the building, Scenario 2

SURFACE AREA OF RENTAL UNITS					
Total number of rental units	**Net area**	**Gross area**	**Option A** **20**	**Option B** **30**	**Option C** **40**
Multiplying factor (to include gross area)		***125%***			
Bachelor	640	800	6 400	9 600	12 800
1-bedroom unit	700	875	7 000	10 500	14 000
2-bedroom unit	850	1 063	4 250	6 375	8 500
Gross area of rental units (square feet)			**17 650**	**26 475**	**35 300**
COMMON AREAS (square feet)					
Common spaces (sq ft per resident)			-	-	-
Services (kitchen, office, etc.)			-	-	-
Multipurpose room			-	-	-
Gross area of common spaces (square feet)			**-**	**-**	**-**
TOTAL GROSS AREA (square feet)			**17 650**	**26 475**	**35 300**

7.5 Cost of Construction and Mortgage Financing

The cost of land is not included.

Table 57 shows construction costs of a specialized public access building, based on an estimate of $150 per square foot. This cost must include external infrastructure (landscaping, parking, etc.). The total cost for the construction of the building is estimated at:

- $2,647,500 for 17,650 sq ft (20 units), requiring a down payment of $661,875 and a mortgage of $1,985,625 representing a repayment of $139,293 per year;

- $3,971,250 for 26,475 sq ft (30 units), requiring a down payment of $992,813 and a mortgage of $2,978,438 representing a repayment of $208,940 per year;
- $5,295,000 for 35,300 sq ft (40 units), requiring a down payment of $1,323,750 and a mortgage of $3,971,250 representing a repayment of $278,586 per year.

The cost of land is not included.

Table 57: Cost of construction and mortgage financing, Scenario 2

CONSTRUCTION AND FINANCING COSTS			Option A	Option B	Option C
Total number of rental units			**20**	**30**	**40**
Total gross area (square feet)			17,650	26,475	35,300
Estimate of construction cost		**$150**	**$2,647,500**	**$3,971,250**	**$5,295,000**
Down payment		25%	$661,875	$992,813	$1,323,750
Amount financed through mortgage			$1,985,625	$2,978,438	$3,971,250
Annual debt service	25	5.0%	($139,293)	($208,940)	($278,586)

7.6 Monthly Rent by Unit Type

Monthly rent revenue from housing is calculated by multiplying the monthly operation cost by the gross area attributable to each unit (including the housing unit itself and a proportional share of common areas).

Table 53

Table 58 shows the range of monthly rents in the building. Under Option A:

- A bachelor would rent for $761;
- A one-bedroom apartment would rent for $832;
- A two-bedroom apartment would rent for $1,011.

Table 58: Monthly rent by unit type, Scenario 2

Monthly operation cost (per square foot)			*$0.95*	*$0.95*	*$0.95*
MONTHLY RENT PER UNIT			**Option A**	**Option B**	**Option C**
Total number of rental units			**20**	**30**	**40**
Bachelor			$761	$761	$761
1-bedroom unit			$832	$832	$832
2-bedroom unit			$1,011	$1,011	$1,011

7.7 Monthly Operation Fees

Table 59 shows the total monthly income and the total monthly operating costs. The calculations indicate that:

- A 20-unit building will generate $16,789 monthly gross income;
- A 30-unit building will generate $25,183 monthly gross income;
- A 40-unit building will generate $33,577 monthly gross income.

The calculation of operation costs is based on the following:

- Regular operation costs for common areas (electricity, heating, water, insurance, maintenance, etc.) are estimated at $8 per square foot annually;
- Debt service, i.e. the monthly mortgage repayment, is determined according to the amount of borrowed capital for each option, with a 5% interest rate and a 25-year amortization period;
- A vacancy rate of 3.7% is used (rental market rate);
- Capital reserve fund allocations are set at 1% per year (new construction).

Table 59: Total monthly revenue from rent and operation fees, Scenario 2

MONTHLY REVENUE FROM RENT			Option A	Option B	Option C
Total number of rental units			**20**	**30**	**40**
Bachelor			$6 088	$9 131	$12 175
1-bedroom unit			$6 658	$9 988	$13 317
2-bedroom unit			$4 043	$6 064	$8 085
TOTAL MONTHLY REVENUE FROM RENT			**$16 789**	**$25 183**	**$33 577**
Rental of community spaces		$0	$0	$0	$0
GROSS TOTAL REVENUE FROM RENT			**$16 789**	**$25 183**	**$33 577**
OPERATION COSTS					
Vacancy rate		3,7%	($621)	($932)	($1 242)
Debt service	25	5,0%	($11 608)	($17 412)	($23 216)
Building operating costs		$8	($2 353)	($3 530)	($4 707)
Capital reserve fund allocation		1,0%	($2 206)	($3 309)	($4 413)
TOTAL MONTHLY OPERATING COSTS			**($16 789)**	**($25 183)**	**($33 577)**
Net revenue / (Loss) per month			**$0**	**$0**	**$0**
Monthly operating cost (per square foot)			*$0,95*	*$0,95*	*$0,95*

8 Scenario 3: Supportive housing building for seniors with common areas and service areas for residents, without a multipurpose room

8.1 Description of the Scenario

This scenario is developed to illustrate the construction of a supportive housing building for seniors, with common areas and service areas for residents. Such a project would allow Francophone seniors to live in the same building and would concentrate the supply of French language home support services in one place. This scenario offers a better ability to meet the evolving service needs of an increasingly frail senior.

The main variables used are:

- A construction cost of $250 per square foot;
- A mortgage rate of 5% amortized over 25 years;
- A vacancy rate of 16.1%;
- A 1% rate for the capital reserve fund.

8.2 Estimated Area of the Building

The estimated net area and gross floor area of the building can vary depending on the number of rental units per type (bachelor, one bedroom, two bedrooms) and their surface area, common areas for residents and the multipurpose room for the community, if any.

8.3 Distribution of the Total Number of Units per Type

Table 60 shows the distribution of the number of units per type following each of the three options. There is a predominance of bachelors and one-bedroom apartments, with only a few two-bedroom units.

Table 60: Distribution of the number of units per type, Scenario 3

NUMBER OF RENTAL UNITS			Option A	Option B	Option C
Bachelor			8	12	16
1-bedroom unit			8	12	16
2-bedroom unit			4	6	8
Total number of rental units			**20**	**30**	**40**

8.4 Gross Area of the Building

Table 61 shows the gross area of the building, calculated from the net area of rental units using 640 sq ft for a bachelor, 700 sq ft for a one-bedroom apartment and 850 sq ft for a two-bedroom unit. Common areas are estimated at 40 sq ft per resident and service areas are estimated at 2,000 sq ft.

The total gross area is estimated at 20,450 sq ft for a 20-unit building, 29,675 sq ft for a 30-unit building, and 38,900 sq ft for a building of 40 units.

Table 61: Total gross area of the building, Scenario 3

SURFACE AREA OF RENTAL UNITS					
Total number of rental units	**Net area**	**Gross area**	**Option A**	**Option B**	**Option C**
			20	**30**	**40**
Multiplying factor (to include gross area)		*125%*			
Bachelor	640	800	6 400	9 600	12 800
1-bedroom unit	700	875	7 000	10 500	14 000
2-bedroom unit	850	1 063	4 250	6 375	8 500
Gross area of rental units (square feet)			**17 650**	**26 475**	**35 300**
COMMON AREAS (square feet)					
Common spaces (sq ft per resident)		40	800	1 200	1 600
Services (kitchen, office, etc.)		2 000	2 000	2 000	2 000
Multipurpose room			-	-	-
Gross area of common spaces (square feet)			**2 800**	**3 200**	**3 600**
TOTAL GROSS AREA (square feet)			**20 450**	**29 675**	**38 900**

8.5 Cost of Construction and Mortgage Financing

The cost of land is not included.

Table 62 shows construction costs of a specialized public access building, based on an estimate of $250 per square foot. This cost must include external infrastructure (landscaping, parking, etc.). The total cost for the construction of the building is estimated at:

- $5,112,500 for 20,450 sq ft (20 units), requiring a down payment of $1,278,125 and a mortgage of $3,834,375 representing a repayment of $268,984 per year;
- $7,418,750 for 29,675 sq ft (30 units), requiring a down payment of $1,854,688 and a mortgage of $5,564,063 representing a repayment of $390,323 per year;
- $9,725,000 for 38,900 sq ft (40 units), requiring a down payment of $2,431,250 and a mortgage of $7,293,750 representing a repayment of $511,662 per year.

The cost of land is not included.

Table 62: Cost of construction and mortgage financing, Scenario 3

CONSTRUCTION AND FINANCING COSTS			**Option A**	**Option B**	**Option C**
Total number of rental units			**20**	**30**	**40**
Total gross area (square feet)			20,450	29,675	38,900
Estimate of construction cost		**$250**	**$5,112,500**	**$7,418,750**	**$9,725,000**
Down payment		25%	$1,278,125	$1,854,688	$2,431,250
Amount financed through mortgage			$3,834,375	$5,564,063	$7,293,750
Annual debt service	25	5.0%	($268,984)	($390,323)	($511,662)

8.6 Monthly Rent by Unit Type

Monthly rent revenue from housing is calculated by multiplying the monthly operation cost by the gross area attributable to each unit (including the housing unit itself and a proportional share of common areas).

Table 63 shows the range of monthly rents in the building. Under Option A:

- A bachelor would rent for $1,590;
- A one-bedroom apartment would rent for $1,717;
- A two-bedroom apartment would rent for $2,035.

Option B would reduce individual rent by approximately $52 per month, and Option C would reduce rent by $78 per month.

Table 63: Monthly rent by unit type, Scenario 3

Monthly operation cost (per square foot)			*$1.69*	*$1.70*	*$1.70*
MONTHLY RENT PER UNIT			**Option A**	**Option B**	**Option C**
Total number of rental units			**20**	**30**	**40**
Bachelor			$1,590	$1,538	$1,512
1-bedroom unit			$1,717	$1,665	$1,640
2-bedroom unit			$2,035	$1,984	$1,958

8.7 Monthly Operation Fees

Table 64 shows the total monthly income and the total monthly operating costs. The calculations indicate that:

- A 20-unit building will generate $34,600 monthly gross income;
- A 30-unit building will generate $50,345 monthly gross income;
- A 40-unit building will generate $66,090 monthly gross income.

The calculation of operation costs is based on the following:

- Regular operation costs for common areas (electricity, heating, water, insurance, maintenance, etc.) are estimated at $8 per square foot annually;
- Debt service, i.e. the monthly mortgage repayment, is determined according to the amount of borrowed capital for each option, with a 5% interest rate and a 25-year amortization period;
- A vacancy rate of 16.1% is used (market rate for seniors supportive housing);
- Capital reserve fund allocations are set at 1% per year (new construction).

Table 64: Total monthly revenue from rent and operation fees, Scenario 3

MONTHLY REVENUE FROM RENT			**Option A**	**Option B**	**Option C**
Total number of rental units			**20**	**30**	**40**
Bachelor			$12 723	$18 458	$24 193
1-bedroom unit			$13 738	$19 985	$26 232
2-bedroom unit			$8 138	$11 901	$15 664
TOTAL MONTHLY REVENUE FROM RENT			**$34 600**	**$50 345**	**$66 090**
Rental of community spaces		$0	$0	$0	$0
GROSS TOTAL REVENUE FROM RENT			**$34 600**	**$50 345**	**$66 090**
OPERATION COSTS					
Vacancy rate		16,1%	($5 571)	($8 106)	($10 640)
Debt service	25	5,0%	($22 415)	($32 527)	($42 639)
Building operating costs		$8	($2 353)	($3 530)	($4 707)
Capital reserve fund allocation		1,0%	($4 260)	($6 182)	($8 104)
TOTAL MONTHLY OPERATING COSTS			**($34 600)**	**($50 345)**	**($66 090)**
Net revenue / (Loss) per month			**$0**	**$0**	**$0**
Monthly operating cost (per square foot)			*$1,69*	*$1,70*	*$1,70*

9 Scenario 4: Supportive housing building for seniors with common areas, service areas and a multipurpose room for residents

9.1 Description of the Scenario

This scenario is developed to illustrate the construction of a supportive housing building for seniors, with common areas, service areas and a multipurpose room for residents. Such a project would allow Francophone seniors to live in the same building and would concentrate the supply of French language home support services in one place. This scenario offers the ability to meet the evolving service needs of an increasingly frail senior, and provides for easy access to the multipurpose community room and to social and cultural activities of Windsor's Francophone community.

The main variables used are:

- A construction cost of $250 per square foot;
- A mortgage rate of 5% amortized over 25 years;
- A vacancy rate of 16.1%;
- A 1% rate for the capital reserve fund.

9.2 Estimated Area of the Building

The estimated net area and gross floor area of the building can vary depending on the number of rental units per type (bachelor, one bedroom, two bedrooms) and their surface area, common areas for residents and the multipurpose room for the community, if any.

9.3 Distribution of the Total Number of Units per Type

Table 65 shows the distribution of the number of units per type following each of the three options. There is a predominance of bachelors and one-bedroom apartments, with only a few two-bedroom units.

Table 65: Distribution of the number of units per type, Scenario 4

NUMBER OF RENTAL UNITS			Option A	Option B	Option C
Bachelor			8	12	16
1-bedroom unit			8	12	16
2-bedroom unit			4	6	8
Total number of rental units			**20**	**30**	**40**

9.4 Gross Area of the Building

Le Table 66 shows the gross area of the building, calculated from the net area of rental units using 640 sq ft for a bachelor, 700 sq ft for a one-bedroom apartment and 850 sq ft for a two-bedroom unit. Gross area for common spaces are as follows: common areas (dining room, living room, etc.) are estimated at 40 sq ft per resident, service areas (kitchen, office, etc.) are estimated at 2,000 sq ft, and the multipurpose room is estimated at 1,000 sq ft.

The total gross area is estimated at 21,450 sq ft for a 20-unit building, 30,675 sq ft for a 30-unit building, and 39,900 sq ft for a building of 40 units.

Table 66: Total gross area of the building, Scenario 4

SURFACE AREA OF RENTAL UNITS					
Total number of rental units	**Net area**	**Gross area**	**Option A**	**Option B**	**Option C**
			20	**30**	**40**
Multiplying factor (to include gross area)		*125%*			
Bachelor	640	800	6 400	9 600	12 800
1-bedroom unit	700	875	7 000	10 500	14 000
2-bedroom unit	850	1 063	4 250	6 375	8 500
Gross area of rental units (square feet)			**17 650**	**26 475**	**35 300**
COMMON AREAS (square feet)					
Common spaces (sq ft per resident)		40	800	1 200	1 600
Services (kitchen, office, etc.)		2 000	2 000	2 000	2 000
Multipurpose room		1 000	1 000	1 000	1 000
Gross area of common spaces (square feet)			**3 800**	**4 200**	**4 600**
TOTAL GROSS AREA (square feet)			**21 450**	**30 675**	**39 900**

9.5 Cost of Construction and Mortgage Financing

The cost of land is not included.

Table 67 shows construction costs of a specialized public access building, based on an estimate of $250 per square foot. This cost must include external infrastructure (landscaping, parking, etc.). The total cost for the construction of the building is estimated at:

- $5,362,500 for 21,450 sq ft (20 units), requiring a down payment of $1,340,625 and a mortgage of $4,021,875 representing a repayment of $282,138 per year;
- $7,668,750 for 30,675 sq ft (30 units), requiring a down payment of $1,917,188 and a mortgage of $5,751,563 representing a repayment of $403,477 per year;
- $9,975,000 for 39,900 sq ft (40 units), requiring a down payment of $2,493,750 and a mortgage of $7,481,250 representing a repayment of $524,816 per year.

The cost of land is not included.

Table 67: Cost of construction and mortgage financing, Scenario 4

CONSTRUCTION AND FINANCING COSTS			Option A	Option B	Option C
Total number of rental units			**20**	**30**	**40**
Total gross area (square feet)			21,450	30,675	39,900
Estimate of construction cost		**$250**	**$5,362,500**	**$7,668,750**	**$9,975,000**
Down payment		25%	$1,340,625	$1,917,188	$2,493,750
Amount financed through mortgage			$4,021,875	$5,751,563	$7,481,250
Annual debt service	25	5.0%	($282,138)	($403,477)	($524,816)

9.6 Monthly Rent by Unit Type

Monthly rent revenue from housing is calculated by multiplying the monthly operation cost by the gross area attributable to each unit (including the housing unit itself and a proportional share of common areas).

Table 68 shows the range of monthly rents in the building. Under Option A:

- A bachelor would rent for $1,669;
- A one-bedroom apartment would rent for $1,795;
- A two-bedroom apartment would rent for $2,111.

Option B would reduce individual rent by approximately $78 per month, and Option C would reduce rent by $117 per month.

Table 68: Monthly rent by unit type, Scenario 4

Monthly operation cost (per square foot)			*$1.69*	*$1.69*	*$1.70*
MONTHLY RENT PER UNIT			**Option A**	**Option B**	**Option C**
Total number of rental units			**20**	**30**	**40**
Bachelor			$1,669	$1,590	$1,551
1-bedroom unit			$1,795	$1,717	$1,678
2-bedroom unit			$2,111	$2,035	$1,996

9.7 Monthly Operation Fees

Table 69 shows the total monthly income and the total monthly operating costs. The calculations indicate that:

- A 20-unit building will generate $36,154 monthly gross income;
- A 30-unit building will generate $51,900 monthly gross income;
- A 40-unit building will generate $67,645 monthly gross income.

The calculation of operation costs is based on the following:

- Regular operation costs for common areas (electricity, heating, water, insurance, maintenance, etc.) are estimated at $8 per square foot annually;
- Debt service, i.e. the monthly mortgage repayment, is determined according to the amount of borrowed capital for each option, with a 5% interest rate and a 25-year amortization period;
- A vacancy rate of 16.1% is used (market rate for seniors supportive housing);
- Capital reserve fund allocations are set at 1% per year (new construction).

Table 69: Total monthly revenue from rent and operation fees, Scenario 4

MONTHLY REVENUE FROM RENT			Option A	Option B	Option C
Total number of rental units			**20**	**30**	**40**
Bachelor			$13 349	$19 085	$24 820
1-bedroom unit			$14 361	$20 608	$26 854
2-bedroom unit			$8 444	$12 207	$15 970
TOTAL MONTHLY REVENUE FROM RENT			**$36 154**	**$51 900**	**$67 645**
Rental of community spaces		$0	$0	$0	$0
GROSS TOTAL REVENUE FROM RENT			**$36 154**	**$51 900**	**$67 645**
OPERATION COSTS					
Vacancy rate		16,1%	($5 821)	($8 356)	($10 891)
Debt service	25	5,0%	($23 511)	($33 623)	($43 735)
Building operating costs		$8	($2 353)	($3 530)	($4 707)
Capital reserve fund allocation		1,0%	($4 469)	($6 391)	($8 313)
TOTAL MONTHLY OPERATING COSTS			**($36 154)**	**($51 900)**	**($67 645)**
Net revenue / (Loss) per month			**$0**	**$0**	**$0**
Monthly operating cost (per square foot)			*$1,69*	*$1,69*	*$1,70*

10 Scenario 5: Supportive housing building for seniors with common areas, service areas and a multipurpose room for residents, subject to difficult financial conditions

10.1 Description of the Scenario

This scenario is developed to illustrate the construction of a supportive housing building for seniors, with common areas, service areas and a multipurpose room for residents, under more difficult financial conditions. A number of variations could be developed to take into account the evolving economic context and rental market conditions, using the Excel tool embedded in the electronic version of the report.

The main variables used are:

- A construction cost of $300 per square foot;
- A mortgage rate of 7% amortized over 25 years;
- A vacancy rate of 16.1%;
- A 2.8% rate for the capital reserve fund.

10.2 Estimated Area of the Building

The estimated net area and gross floor area of the building can vary depending on the number of rental units per type (bachelor, one bedroom, two bedrooms) and their surface area, common areas for residents and the multipurpose room for the community, if any.

10.3 Distribution of the Total Number of Units per Type

Le Table 70 shows the distribution of the number of units per type following each of the three options. There is a predominance of bachelors and one-bedroom apartments, with only a few two-bedroom units.

Table 70: Distribution of the number of units per type, Scenario 5

NUMBER OF RENTAL UNITS			Option A	Option B	Option C
Bachelor			8	12	16
1-bedroom unit			8	12	16
2-bedroom unit			4	6	8
Total number of rental units			**20**	**30**	**40**

10.4 Gross Area of the Building

Table 71 shows the gross area of the building, calculated from the net area of rental units using 640 sq ft for a bachelor, 700 sq ft for a one-bedroom apartment and 850 sq ft for a two-bedroom unit. Gross area for common spaces are as follows: common areas (dining room, living room, etc.) are estimated at 40 sq ft per resident, service areas (kitchen, office, etc.) are estimated at 2,000 sq ft, and the multipurpose room is estimated at 1,000 sq ft.

The total gross area is estimated at 21,450 sq ft for a 20-unit building, 30,675 sq ft for a 30-unit building, and 39,900 sq ft for a building of 40 units.

Table 71: Total gross area of the building, Scenario 5

SURFACE AREA OF RENTAL UNITS					
Total number of rental units	**Net area**	**Gross area**	**Option A**	**Option B**	**Option C**
			20	**30**	**40**
Multiplying factor (to include gross area)		*125%*			
Bachelor	640	800	6 400	9 600	12 800
1-bedroom unit	700	875	7 000	10 500	14 000
2-bedroom unit	850	1 063	4 250	6 375	8 500
Gross area of rental units (square feet)			**17 650**	**26 475**	**35 300**
COMMON AREAS (square feet)					
Common spaces (sq ft per resident)		40	800	1 200	1 600
Services (kitchen, office, etc.)		2 000	2 000	2 000	2 000
Multipurpose room		1 000	1 000	1 000	1 000
Gross area of common spaces (square feet)			**3 800**	**4 200**	**4 600**
TOTAL GROSS AREA (square feet)			**21 450**	**30 675**	**39 900**

10.5 Cost of Construction and Mortgage Financing

Table 72 shows construction costs of a specialized public access building, based on an estimate of $300 per square foot. This cost must include external infrastructure (landscaping, parking, etc.). The total cost for the construction of the building is estimated at:

- $6,435,000 for 21,450 sq ft (20 units), requiring a down payment of $1,608,750 and a mortgage of $4,826,250 representing a repayment of $409,331 per year;

- $9,202,500 for 30,675 sq ft (30 units), requiring a down payment of $2,300,625 and a mortgage of $6,901,875 representing a repayment of $585,372 per year;
- $11,970,000 for 39,900 sq ft (40 units), requiring a down payment of $2,992,500 and a mortgage of $8,977,500 representing a repayment of $761,413 per year.

The cost of land is not included.

Table 72: Cost of construction and mortgage financing, Scenario 5

CONSTRUCTION AND FINANCING COSTS			Option A	Option B	Option C
Total number of rental units			**20**	**30**	**40**
Total gross area (square feet)			21,450	30,675	39,900
Estimate of construction cost		**$300**	**$6,435,000**	**$9,202,500**	**$11,970,000**
Down payment		25%	$1,608,750	$2,300,625	$2,992,500
Amount financed through mortgage			$4,826,250	$6,901,875	$8,977,500
Annual debt service	25	7.0%	($409,331)	($585,372)	($761,413)

10.6 Monthly Rent by Unit Type

Monthly rent revenue from housing is calculated by multiplying the monthly operation cost by the gross area attributable to each unit (including the housing unit itself and a proportional share of common areas).

Table 73 shows the range of monthly rents in the building. Under Option A:

- A bachelor would rent for $2,832;
- A one-bedroom apartment would rent for $3,046;
- A two-bedroom apartment would rent for $3,583.

Option B would reduce individual rent by approximately $137 per month, and Option C would reduce rent by $206 per month.

Table 73: Monthly rent by unit type, Scenario 5

Monthly operation cost (per square foot)			*$2.86*	*$2.87*	*$2.87*
MONTHLY RENT PER UNIT			**Option A**	**Option B**	**Option C**
Total number of rental units			**20**	**30**	**40**
Bachelor			$2,832	$2,695	$2,626
1-bedroom unit			$3,046	$2,910	$2,842
2-bedroom unit			$3,583	$3,447	$3,380

10.7 Monthly Operation Fees

Table 74 shows the total monthly income and the total monthly operating costs. The calculations indicate that:

- A 20-unit building will generate $61,358 monthly gross income;
- A 30-unit building will generate $87,942 monthly gross income;
- A 40-unit building will generate $114,527 monthly gross income.

The calculation of operation costs is based on the following:

- Regular operation costs for common areas (electricity, heating, water, insurance, maintenance, etc.) are estimated at $8 per square foot annually;
- Debt service, i.e. the monthly mortgage repayment, is determined according to the amount of borrowed capital for each option, with a 7% interest rate and a 25-year amortization period;
- A vacancy rate of 16.1% is used (market rate for seniors supportive housing);
- Capital reserve fund allocations are set at 2.8% per year.

Table 74: Total monthly revenue from rent and operation fees, Scenario 5

MONTHLY REVENUE FROM RENT			**Option A**	**Option B**	**Option C**
Total number of rental units			**20**	**30**	**40**
Bachelor			$22 655	$32 339	$42 022
1-bedroom unit			$24 372	$34 919	$45 466
2-bedroom unit			$14 331	$20 685	$27 039
TOTAL MONTHLY REVENUE FROM RENT			**$61 358**	**$87 942**	**$114 527**
Rental of community spaces		$0	$0	$0	$0
GROSS TOTAL REVENUE FROM RENT			**$61 358**	**$87 942**	**$114 527**
OPERATION COSTS					
Vacancy rate		16,1%	($9 879)	($14 159)	($18 439)
Debt service	25	7,0%	($34 111)	($48 781)	($63 451)
Building operating costs		$8	($2 353)	($3 530)	($4 707)
Capital reserve fund allocation		2,8%	($15 015)	($21 473)	($27 930)
TOTAL MONTHLY OPERATING COSTS			**($61 358)**	**($87 942)**	**($114 527)**
Net revenue / (Loss) per month			**$0**	**$0**	**$0**
Monthly operating cost (per square foot)			*$2,86*	*$2,87*	*$2,87*

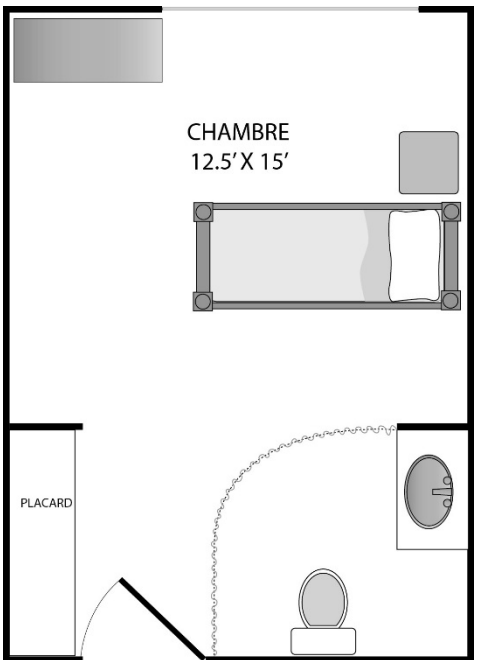
11 Other Possible Exploration Options

The model of *Le Chez-Nous* residence in Wellington, Prince Edward Island could also be further explored.

The main features of this project are as follows:

- Private community care centre licensed by the province, organized under a cooperative charter;
- Property valued at more than $3 million; construction of a new wing has recently been completed;
- 47 units each comprising a single room and a toilet/sink area, bungalow style (ground floor, single-storey);
- Residence organized in households of 13 or 14 spaces;
- 2 households form a "neighborhood" with side-by-side kitchens that can be opened on one another; staff is shared between two households;
- Many outdoor public areas (garden, park, etc.);
- 13 employees (no registered nurse);
- Rent and services: $1,994 per month (75% of costs are wages) ;
- Break-even point is 35 rooms.

Figure 10: Example of a 190 square foot single room – *Le Chez-Nous* residence of Prince Edward Island



Section VI: Summary of Findings and Follow-Up Recommendations

This section presents a brief summary of findings and develops follow-up recommendations relating to both aspects of the mandate.

1 Summary of Findings

1.1 Demographic Factors

People aged 75 years and over accounted for approximately 6.4% of the population in Canada in 2006. They account for 13.0% of the Francophone population in Erie St. Clair (945 men and 1,425 women, a total of 2,390 people) and 7.5% of the Francophone population in the South West (350 men and 485 women, a total of 835 people).

Among the population aged 55 years and over in Erie St. Clair, about 70% live in Essex. This proportion varies little among the different age groups of seniors.

Erie St. Clair:

- Seniors aged 55 to 64 years account for 18.0% of the Francophone population in Erie St. Clair (1,600 men and 1,705 women, a total of 3,295 people).
- Seniors aged 65 to 74 years account for 14.6% of the Francophone population in Erie St. Clair (1,340 men and 1,355 women, a total of 2,680 people).
- Seniors aged 75 to 79 years account for 5.8% of the Francophone population in Erie St. Clair (450 men and 600 women, a total of 1,060 people).
- Seniors aged 80 years and over account for 7.2% of the Francophone population in Erie St. Clair (495 men and 825 women, a total of 1,330 people).

South West:

- Seniors aged 55 to 64 years account for 16.6% of the Francophone population in the South West (925 men and 940 women, a total of 1,855 people).
- Seniors aged 65 to 74 years account for 11.0% of the Francophone population in the South West (575 men and 645 women, a total of 1,230 people).
- Seniors aged 75 to 79 years account for 3.4% of the Francophone population in the South West (170 men and 215 women, a total of 380 people).
- Seniors aged 80 years and over account for 4.1% of the Francophone population in the South West (180 men and 270 women, a total of 455 people).

1.2 Services for Francophone Seniors

This study finds that the health needs of Francophone seniors are basically the same as those of the general population. Health services and community support services should thus be quite similar.

However, the provision of health services is distributed among a large number of service providers. The ability for each service provider to deliver services in French consistently was not evaluated in this study.

Some models of organization of home care services were explored and were found to suggest interesting paths for developing solutions in order to consolidate the French language offer. Financial projections of such a model are priced at nearly $1,700 per month per person, which is comparable to the co-payment fees for residents of long-term care homes ($1,720 per month).

1.3 Housing for Francophone Seniors

The study finds that there is an unmet need for seniors' housing in the region.

Long-Term Care

- Using the rate of demand and supply per 1,000 population aged 75 years and over as well as 2011 census data on the Francophone population aged 75 years and over, the theoretical demand for Francophone seniors is estimated at 246.2 spaces in Erie St. Clair and 98.5 spaces in the South West.
- According to administrative data from the Erie St. Clair LHIN, in 2010, 80 Francophone residents were housed in 27 different long-term care homes in the region. The number decreased to 65 residents in the second quarter of 2011.
- Francophone seniors who reside in long-term care homes are distributed throughout the region; this is a likely indicator of proximity choices that family make when placing their relatives in need of long-term care;
- According to the theoretical level identified, there would be an unmet need or an invisible need representing nearly three-quarters (65/246.2) of the total number of Francophone seniors needing long-term care;
- Fragmentation of residents in 27 homes, each having between 1 and 8 Francophone residents, make it very difficult to offer services in French.

Private Rental Residences with Support Services

- Using the CMHC's estimated capture rates for private rental residences for seniors, as well as 2011 census data on the Francophone population aged 75 years and over, the estimated theoretical demand is between 190 and 200 spaces for Southwestern Ontario. Estimates are 155.4 spaces for Francophone seniors in Erie St. Clair and 45.1 spaces in the South West. In Windsor, Résidence Richelieu currently offers 51 spaces.

2 Follow-Up Recommendations

Recommendations for follow-up are based on the analyses in this study and the findings that have emerged.

2.1 Health Needs

The planning entity should work with both LHINs to improve data quality and the analysis of French language services delivered by providers of health care services in their region. The following should be explored:

- The addition of a linguistic variable in the administrative data and in assessments carried out by the LHINs;
- The establishment and monitoring of a protocol to have service providers pro-actively identify Francophone clients;
- The carrying out of a French language services capacity assessment by service providers;
- The undertaking of a designation/identification process under the *French language Services Act* for a few key providers of community services.

2.2 Housing

The planning entity should work with both LHINs to explore the following options for improving home care in French and access to long-term care in French:

- The possibility of grouping a number of Francophone spaces in a few long-term care homes, either through the designation of facilities or through service agreements;
- The development of models of progressive home care, in French, including through the selection of a preferred service provider who could sign a service agreement for housing with support services at the Résidence Richelieu, and develop a community outreach plan for home care services in French;
- The possibility of building rental housing with support services, with private or community capital, on the lands of the Résidence Richelieu.

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Appendix 1: Interview Framework

Analyse des besoins d'hébergement et de services destinés aux personnes aînées francophones
Entité de planification des services en français Erie St. Clair / Sud Ouest

Analysis of Francophone seniors' needs in housing and services
Erie St. Clair / South West French Language Services Planning Entity

Cadre des entrevues dirigées – Informateurs clés

Les informateurs clés identifiés pour les entrevues dirigées sont des personnes qui connaissent et qui ont une perspective sur les besoins des personnes aînées de la région, en général, et des personnes aînées francophones en particulier. Le but des entrevues dirigées est d'identifier certains facteurs contextuels importants à tenir en ligne de compte pour les services aux personnes aînées francophones des diverses localités de la région.

Q1 Selon vos analyses, quels sont les besoins des personnes aînées francophones?

Q2 Si aucune analyse spécifique n'a été réalisée, selon vous, quels sont les besoins particuliers des personnes aînées francophones sur le territoire?

Q3 Quelles sont les principales barrières à la livraison de services en français pour les personnes aînées francophones?

Q4 Quelles stratégies ou initiatives ont été considérées ou mises en œuvre pour surmonter ces barrières?

Q5 Connaissez-vous des pratiques exemplaires qu'il serait intéressant d'explorer comme modèles de services aux personnes aînées francophones?

Key informant interview framework

Key informants were identified for their knowledge and perspective on seniors' needs in the region, in general, and on Francophone seniors' needs in particular. Interviews will seek to identify key contextual factors to keep in mind when local services for Francophone seniors are considered for the region.

Q1 What have your analyses revealed in terms of the needs of Francophone seniors?

Q2 If no targeted needs analyses have been done, what are Francophone seniors' key needs in your opinion?

Q3 What are the key barriers to French language services delivery to Francophone seniors?

Q4 What strategies or initiatives have been considered or implemented to overcome these barriers?

Q5 To your knowledge, are there best practices that could be explored as models for Francophone seniors' services?

Appendix 2: List of Key Informants

Name	First name	Title	Organization
Aden	Ayan	Coordonnatrice, Connexions communautaires et Comité pour les services en français	Acfo London-Sarnia
Arsenault	Edgar	Directeur général	La Coopérative Le Chez-Nous Ltée, Wellington, Île-du-Prince-Édouard
Arsenault	Élise	Analyste des services en français	Santé Île-du-Prince-Édouard et Ministère des Services communautaires et des Aînés
Bazahica	Jacqueline	Intervenante	Réseau femmes du Sud-Ouest de l'Ontario
Blais-Breton	Jocelyne	Agente de planification	Entité de planification des services en français de Hamilton-Niagara (Entité 2)
Blanchette	Nicole	Directrice générale	La Ribambelle Centre francophone de la petite enfance
Boisvenue	Jean-Marc	Planificateur	Entité de planification des services en français (Entité 1)
Bray Jenkyn	Krista	Health Data and Performance Analyst	RLISS du Sud-Ouest
Calder	Lynn	Directrice générale	Assisted Living Southwestern Ontario
Cantin	Jean-Pierre	Directeur	Services et programmes, Centre-Sud-Ouest, Collège Boréal
Chalikoff	Julie	Coordonnatrice	Cercle des copains
Doucet-Simard	Suzy	Coordonnatrice des services en français	RLISS du Sud-Ouest
Dumont	Marthe	Coordonnatrice des services en français	RLISS d'Érié St. Clair
Ganter	Ralph	Senior Director, Health System Design and Implementation	RLISS d'Érié St. Clair
Gasic	Marina	Coordonnatrice	Centre of Excellence, Hospice of Windsor and Essez County Inc.
Gillis	Kelly	Senior Director, System Design and Integration	RLISS du Sud-Ouest
Girard	Julie	Team Lead, System Design and Integration	RLISS du Sud-Ouest
Grenier-Vandelaar	Nathalie	Superviseure de programmes	Ministère des Services sociaux et communautaires
Hauser	Gisèle	Agente	Réseau de soutien à l'immigration francophone du Centre-Sud-Ouest
Hurtado	Christine	Health Promotion Specialist	Heart and Stroke Foundation
Kenny	Jacques	Directeur -général	Entité de planification des services en français (Entité 1)
Lacroix	Francine	Copropriétaire	Queen's Village
Lamoureaux	Carole	Directrice générale	Entité de planification des services en français de Hamilton-Niagara (Entité 2)

Name	First name	Title	Organization
Maziak	Dawn	Health System Design Manager, Mental Health and Addictions Lead	RLISS d'Érié St. Clair
McKee	Rebecca	System Design and Integration Specialist	RLISS du Sud-Ouest
McQueen	Kristy	System Design and Integration Lead	RLISS du Sud-Ouest t
Membreno	Keiry	Adjointe	Centre communautaire régionale de London
Moison	Renée	Infirmière praticienne	Centre de santé communautaire de Chatham-Kent
Ouellet	Stéphane	Director of Clinical Operations and Human Resources -	Thames Valley Family Health Team
Peacock	Rose	System Design and Integration Lead	RLISS du Sud-Ouest
Poulin	Yvan	Planificateur	Entité de planification des services en français (Entité 1)
Tiessen	Linda	Directrice générale	Leamington Mennonite Home
Williams	Kristen	CEO	Chatham-Kent Community Health Centre
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Zuk	Joyce	Directrice générale	Family Services of Essex-Windsor

Appendix 3: Questionnaire Administered to Focus Group Participants

(Original French version)

Questionnaire - Besoins en logement et en services pour les personnes aînées francophones

Le contexte: L'Entité de planification des services de santé en français Erie St. Clair / South West mène une étude pour connaître les besoins futurs en logement et en services des personnes aînées francophones de la région. Les services de notre firme ont été retenus à cette fin. Dans ce questionnaire, on ne vous demande aucune identification personnelle.

DIRECTIVE: SVP ENCERCLEZ VOTRE RÉPONSE

Lieu de la rencontre

○ Windsor ○ London

○ Sarnia ○ Chatham-Kent (Pain Court)

1. En vous incluant, combien de personnes habitent votre logement actuel?

A. Une seule B. Deux personnes C. Trois personnes ou plus

2. Êtes-vous propriétaire ou locataire du logement que vous occupez?

A. Propriétaire B. Locataire

3. Quelle est la caractéristique de votre logement actuel?

A. Maison B. Appartement C. Hébergement pour personnes aînées

D. Autre (SVP expliquer): _____

4. Vous êtes dans quel groupe d'âge?

A: moins de 45 ans

B: 45 à 54 ans

C: 55 à 64 ans

D: 65 à 74 ans

E: 75 à 84 ans

F: 85 ans et plus

5. Quel est votre code postal?

6. SVP encerclez les besoins non satisfaits que vous avez en ce moment dans votre logement actuel. Encerclez tous les choix qui s'appliquent.

A. Sécurité

B. Accès aux services de santé à proximité

C. Accès à des services chez moi

D. Accès à des services en français

E. Repas chauds et nourrissants

F. Vie sociale

G. Pas adapté à mes besoins (par exemple, escalier)

_____

7. Indiquez l'ordre de priorité des besoins à satisfaire dans un logement pour personnes aînées?

Encerclez un seul choix de 1 à 3 par ligne, où « 1 » = plus important, 2 = « important » et « 3 » = moins important.

	Plus important	**Important**	**Moins important**
Sécurité	1	2	3
Accès aux services de santé à proximité	1	2	3
Accès aux services dans la résidence	1	2	3
Accès à des services en français	1	2	3
Repas chauds et nourrissants	1	2	3
Vie sociale	1	2	3

8. Envisagez-vous de déménager d'ici cinq ans?

Oui Non

9. Seriez-vous intéressé(e) à venir habiter une résidence pour personnes aînées francophones si elle était développée?

Oui Non

10. Quelles seraient les trois choses les plus importantes pour vous concernant un logement pour personnes aînées qui ne sont pas mentionnées à la question 6?

A: _____

B: _____

C: _____

11. Quelle distance seriez-vous prêt(e)s à parcourir pour obtenir des services en français?

Encerclez une seule réponse par ligne

Service	**moins de 20 km**	**entre 20 et 50 km**	**plus de 50 km**
Médecin de famille ou infirmière praticienne	○	○	○
Spécialiste (par exemple: dentiste, cardiologue, psychologue, etc.)	○	○	○
Programmes de jour	○	○	○
Hébergement pour personnes aînées	○	○	○
Soins de longue durée	○	○	○
Service de relève	○	○	○
Pharmacie	○	○	○
Classes de nutrition et d'exercice	○	○	○
Ateliers et conférences	○	○	○
Groupes de soutien ou d'entraide	○	○	○

12. Indiquez l'ordre de priorité des besoins à satisfaire dans les services en français pour personnes aînées?

Encerclez votre choix de 1 à 3 par ligne, où « 1 » = plus important, 2 = « important » et « 3 » = moins important.

Service	**Plus important**	**Important**	**Moins important**
Médecin de famille ou infirmière praticienne	1	2	3
Spécialiste (par exemple: dentiste, cardiologue, psychologue, etc.)	1	2	3
Programmes de jour	1	2	3
Hébergement pour personnes aînées	1	2	3
Soins de longue durée	1	2	3
Service de relève	1	2	3
Pharmacie	1	2	3
Classes de nutrition et d'exercice	1	2	3
Ateliers et conférences	1	2	3
Groupes de soutien ou d'entraide	1	2	3

13. Quelles seraient les trois choses les plus importantes pour vous concernant les services en français ou en anglais pour personnes aînées qui ne sont pas mentionnées dans les questions précédentes?

A: _____

B: _____

C: _____

Appendix 4: Participants' Responses to Questionnaire

(Original French version)

Profil des participantes et participants aux groupes de discussion

Les participantes et participants furent invités à remplir un questionnaire sur papier avant le début des discussions. Le groupe témoin de Windsor fut tenu à la Résidence Richelieu, un édifice locatif pour personnes aînées francophones autonomes, le 4 novembre 2013, auquel participèrent 28 personnes. Trente personnes (30) participèrent au groupe de discussion de Pain Court, tenu lors d'une rencontre hebdomadaire du Club de l'Amitié, le 5 novembre 2013. Le groupe témoin de London, auquel participèrent 16 personnes, fut organisé par le Cercle des copains au centre du Victorian Order of Nurses, le 18 novembre 2013.

Distribution selon le lieu des groupes de discussion

Réponse	Graphique	Pourcentage	Décompte
Windsor		37.8%	28
London		21.6%	16
Chatham-Kent (Pain Court)		40.5%	30
		Total des réponses	**74**

Les participants aux groupes de discussion étaient âgés de plus de 75 ans dans une proportion de 66%. Le groupe de Pain Court comprenait une plus forte proportion de personnes de 65 à 74 ans (37%) que les deux autres groupes.

Distribution par tranche d'âge, totalité des groupes de discussion

Réponse	Graphique	Pourcentage	Décompte
55 à 64 ans		6.8%	5
65 à 74 ans		27.4%	20
75 à 84 ans		45.2%	33
85 ans et plus		20.5%	15
		Total des réponses	**73**

Distribution par tranche d'âge, Windsor

Réponse	Graphique	Pourcentage	Décompte
55 à 64 ans		0.0%	0
65 à 74 ans		14.3%	4
75 à 84 ans		53.6%	15
85 ans et plus		32.1%	9
		Total des réponses	**28**

Distribution par tranche d'âge, Chatham-Kent (Pain Court)

Réponse	Graphique	Pourcentage	Décompte
55 à 64 ans		13.3%	4
65 à 74 ans		36.7%	11
75 à 84 ans		43.3%	13
85 ans et plus		6.7%	2
		Total des réponses	**30**

Distribution par tranche d'âge, London

Réponse	Graphique	Pourcentage	Décompte
55 à 64 ans		6.7%	1
65 à 74 ans		33.3%	5
75 à 84 ans		33.3%	5
85 ans et plus		26.7%	4
		Total des réponses	**15**

Logement actuel des répondants

La situation actuelle de logement des répondants est la suivante:

- 47% habitent seuls dans leur logement actuel;
- 49% sont deux personnes dans le logement actuel; et
- 4% sont trois personnes au plus dans le logement actuel.

À Windsor, 79% des répondantes et répondants habitent seuls. À Pain Court, 69% des répondants habitent à deux dans leur logement actuel et à London, cette proportion se situe à 63% des répondants.

Distribution selon le nombre de personnes dans le logement actuel

Réponse	Graphique	Pourcentage	Décompte
Une seule		46.6%	34
Deux personnes		49.3%	36
Trois personnes ou plus		4.1%	3
		Total des réponses	**73**

La majorité des répondants sont propriétaires de leur logement. À Windsor, 96% des répondantes et répondants sont locataires (de la Résidence Richelieu), alors qu'à Pain Court, 82% des répondantes et répondants sont propriétaires. À London, 80% des répondants sont propriétaires.

Distribution selon le statut de propriétaire ou de locataire

Réponse	Graphique	Pourcentage	Décompte
Propriétaire		52.9%	36
Locataire		47.1%	32
		Total des réponses	**68**

À Windsor, 93% des répondants habitent un hébergement pour personnes aînées (la Résidence Richelieu). À Pain Court, 74% des répondants habitent une maison, alors qu'à London, 69% des répondants habitent une maison.

Distribution selon le type de logement

Réponse	Graphique	Pourcentage	Décompte
Maison		45.7%	32
Appartement		10.0%	7
Hébergement pour personnes aînées		38.6%	27
Autre - SVP expliquer:		5.7%	4
		Total des réponses	**70**

Les besoins de logement et de services

Près de 4 répondants sur 5 ne prévoient pas déménager d'ici cinq ans. Cependant, 9 répondants sur 10 seraient intéressés à habiter une résidence pour personnes aînées francophone si elle était développée.

Selon les répondantes et répondantes, le besoin actuel non comblé le plus important est l'accès à des services en français (62%). L'accès à des services à domicile, à des services de santé à proximité et à des activités de vie sociale suivent en importance (35%). Les repas chauds et nourrissants sont importants pour 31% des répondants des trois groupes, avec une expression très forte de ce besoin à Windsor où 55% des répondants l'ont souligné.

Les autres besoins exprimés concernent les activités sociales et les services de bain adapté, d'entretien (ordures et recyclage) et de transport.

Besoins non comblés

Réponse	Graphique	Pourcentage	Décompte
Sécurité		25.0%	13
Accès aux services de santé à proximité		34.6%	18
Accès aux services chez moi (à domicile)		34.6%	18
Accès à des services en français		61.5%	32
Repas chauds et nourrissants		30.8%	16
Vie sociale		34.6%	18
Pas adapté à mes besoins (par exemple, escalier)		17.3%	9
		Total des réponses	**52**

La sécurité et l'accès aux services de santé à proximité sont les besoins à satisfaire en priorité dans un logement pour personnes aînées pour 8 répondants sur 10. L'accès aux services en français, la vie sociale et l'accès aux services à domicile suivent en importance pour 7 répondants sur 10.

Ordre de priorité des besoins à satisfaire dans un logement pour personnes aînées

	Plus important	Important	Moins important	Total des réponses
Sécurité	59 (85.5%)	10 (14.5%)	0 (0.0%)	69
Accès aux services de santé à proximité	45 (81.8%)	9 (16.4%)	1 (1.8%)	55
Accès aux services chez moi (à domicile)	40 (69.0%)	15 (25.9%)	3 (5.2%)	58
Accès à des services en français	45 (72.6%)	10 (16.1%)	7 (11.3%)	62
Repas chauds et nourrissants	36 (65.5%)	10 (18.2%)	9 (16.4%)	55
Vie sociale	45 (72.6%)	15 (24.2%)	2 (3.2%)	62

Les répondants ont souligné les autres besoins suivants:

- L'empathie et le professionnalisme du personnel (soins, services médicaux, pastorale)
- Le loyer abordable et la taille de l'appartement,
- Les services de transport pour les visites médicales et l'épicerie,
- L'accessibilité de l'édifice (ascenseur, bain adapté, etc.),
- L'environnement communautaire immédiat (épicerie, vie en français, loisirs et activités sociales),
- La possibilité de demeurer indépendant le plus longtemps possible.

Près de 8 répondants sur 10 sont prêts à se déplacer dans un rayon de moins de 20 km pour obtenir les services de santé en français. Ils sont prêts à se déplacer jusqu'à 50 km pour obtenir les services d'un spécialiste.

Distance que seraient prêts à parcourir les répondants pour obtenir des services en français pour eux-mêmes ou pour leurs parents

	moins de 20 km	entre 20 et 50 km	plus de 50 km	Total des réponses
Médecin de famille ou infirmière praticienne	59 (85.5%)	10 (14.5%)	0 (0.0%)	69
Spécialiste (par exemple: dentiste, cardiologue, psychologue, etc.)	44 (66.7%)	18 (27.3%)	4 (6.1%)	66
Programmes de jour	43 (82.7%)	8 (15.4%)	1 (1.9%)	52
Hébergement pour personnes aînées (distance de la famille)	51 (79.7%)	11 (17.2%)	2 (3.1%)	64
Soins de longue durée	47 (73.4%)	15 (23.4%)	2 (3.1%)	64
Service de relève	45 (78.9%)	12 (21.1%)	0 (0.0%)	57
Pharmacie	56 (84.8%)	10 (15.2%)	0 (0.0%)	66
Classes de nutrition et d'exercice	54 (85.7%)	8 (12.7%)	1 (1.6%)	63
Ateliers et conférences	46 (76.7%)	13 (21.7%)	1 (1.7%)	60
Groupes de soutien ou d'entraide	49 (79.0%)	13 (21.0%)	0 (0.0%)	62

Les besoins prioritaires à satisfaire dans les services en français pour les personnes aînées, selon 7 répondants sur 10, sont l'hébergement pour personnes aînées, le médecin de famille ou l'infirmière praticienne et les soins de longue durée. Les spécialistes, un programme de jour et un service de relève ou de répit suivent pour près de 6 répondants sur 10, alors que la pharmacie, les classes de nutrition et d'exercice et le groupe de soutien et d'entraide sont une priorité pour 5 répondants sur 10.

Ordre de priorité des besoins à satisfaire dans les services en français pour personnes aînées

	Plus important	Important	Moins important	Total des réponses
Médecin de famille ou infirmière praticienne	49 (70.0%)	15 (21.4%)	6 (8.6%)	70
Spécialiste (par exemple: dentiste, cardiologue, psychologue, etc.)	41 (63.1%)	16 (24.6%)	8 (12.3%)	65
Programmes de jour	36 (62.1%)	18 (31.0%)	4 (6.9%)	58
Hébergement pour personnes aînées	50 (75.8%)	16 (24.2%)	0 (0.0%)	66
Soins de longue durée	46 (71.9%)	17 (26.6%)	1 (1.6%)	64
Service de relève	34 (61.8%)	18 (32.7%)	3 (5.5%)	55
Pharmacie	33 (55.0%)	19 (31.7%)	8 (13.3%)	60
Classes de nutrition et d'exercice	30 (50.0%)	22 (36.7%)	8 (13.3%)	60
Ateliers et conférences	19 (33.9%)	28 (50.0%)	9 (16.1%)	56
Groupes de soutien ou d'entraide	33 (55.0%)	21 (35.0%)	6 (10.0%)	60

Enfin, 36 répondants indiquent avoir un intérêt à habiter une éventuelle aile pour personnes aînées francophones dans une résidence de soins de longue durée en construction à Windsor. Les répondants favorables sont en très grande majorité à Windsor. La proportion tombe à un répondant sur deux à Pain Court et à London. Les personnes de Windsor indiquent une préférence pour une résidence à proximité de la Résidence Richelieu et des amis. Les personnes hors de Windsor souhaitent rester à proximité de la famille.

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Social Groups

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Organizations

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