Age-friendly NDG
Community Assessment

Transportation

Housing

Social participation

Outdoor spaces and buildings

Community support and health services

Communication and information

Civic participation and employment

Respect and social inclusion

NDG Senior Citizens’ Council
2016

Vieillir autrement
Transforming the Ageing Experience
RESEARCH, ANALYSIS AND REPORT WRITTEN BY

Karen Urtnowski

FOR FURTHER INFORMATION, PLEASE CONTACT:

NDG SENIOR CITIZENS’ COUNCIL
(514) 487-1311    INFO@NDGSCC.CA
88 BALLANTYNE NORTH, MONTREAL WEST, QUÉBEC H4X 2B8
NDGSCC.CA

Funded by the Government of Canada
ACKNOWLEDGEMENTS

The NDG Senior Citizens’ Council (NDGSCC) would like to thank the community organizations, churches, students and volunteers who contributed to this Age-friendly NDG Community Assessment by helping to organize and facilitate focus groups and interviews, and to analyse and present these findings.

Special thanks are extended to the many older NDGers who volunteered their time to relate the details of their daily lives, and shared their criticisms and praise for their neighbourhood through interviews and focus groups. We are also grateful to our key informants from NDG organizations, who contributed their views and knowledge gained from years of work and observation in the areas of community support and ageing in this neighbourhood.

We would also like to thank Isabelle Lépine of the City of Montreal (Service de la diversité sociale et des sports) for providing us with the latest socio-demographic statistics on the 65-plus population of NDG from Statistics Canada. A big thank you goes to researcher Dana Vocisano for her help with interviews and interpreting the findings, to Alex Carruthers and Joanne Pocock for their support with statistics, and to Jan Warnke and Lora Milusheva, who helped to create a preliminary version of the statistics section of this report in 2015.

We would also like to express our appreciation to Borough Mayor Russell Copeman and Councillors Peter McQueen and Magda Popeanu for their vital financial contributions to this project.

Our gratitude goes to the Department of Canadian Heritage for its financial support for the translation into French of this report and related documents.

Finally, we would like to extend a special thanks to the Community Health and Social Services Network (CHSSN) for their generous support to this and other efforts to create a more age-friendly NDG and to strengthen the voice of older adults, in particular those belonging to Quebec’s official language minority community.
# TABLE OF CONTENTS

I. INTRODUCTION .............................................................................................................. 3

II. METHODOLOGY AND THE VANCOUVER PROTOCOL .............................................. 7

III. PROFILE IN NUMBERS: NDG AND ITS OLDER POPULATION ................................... 11

   A word about our statistics .......................................................................................... 11
   Neighbourhood Geography & Population ................................................................. 12
   Population by Age ....................................................................................................... 14
   Population Growth ...................................................................................................... 17
   Distribution of NDG’s 65-plus population ................................................................ 18
   Living Arrangements ................................................................................................. 19
   Work and Income ........................................................................................................ 23
   First Official Language Spoken .................................................................................... 25
   Visible Minority Status ............................................................................................... 27
   Immigration & Citizenship ......................................................................................... 28
   Education .................................................................................................................... 30
   Disability in Canada .................................................................................................... 30
   Housing ....................................................................................................................... 31
   Transportation ............................................................................................................ 36
   Highlights of the data ............................................................................................... 39

IV. INTERVIEW AND FOCUS GROUP FINDINGS ............................................................... 40

   1. OUTDOOR SPACES AND BUILDINGS ................................................................. 40
   2. TRANSPORTATION ............................................................................................ 47
   3. HOUSING .............................................................................................................. 60
   4. RESPECT AND SOCIAL INCLUSION .................................................................. 67
   5. SOCIAL PARTICIPATION .................................................................................... 72
   6. COMMUNICATION & INFORMATION .................................................................... 76
   7. CIVIC PARTICIPATION AND EMPLOYMENT .................................................... 81
   8. COMMUNITY SUPPORT AND HEALTH SERVICES ........................................... 85

V. CONCLUSION AND NEXT STEPS .............................................................................. 91

VI. ENDNOTES .................................................................................................................. 92

VII. APPENDIX: WHO CHECKLIST OF ESSENTIAL FEATURES OF AGE-FRIENDLY CITIES ....... 96
I. INTRODUCTION

The World Health Organization’s (WHO) Age-friendly Cities (AFC) project inspired and guided this community assessment of the Notre-Dame-de-Grâce (NDG) neighbourhood. NDG’s Age-friendly initiative is part of an international effort launched in 2007 by the WHO to help cities address the converging trends of population ageing and urbanization in both developed and developing countries.

Since the inception of the AFC movement, citizen advocates, mayors and city council members around the world, including many in Quebec and the rest of Canada, have been leading urban communities to become more inclusive and accessible to their older members and, thereby, to promote active ageing.

According to the WHO, an Age-friendly City is “an inclusive and accessible urban environment that promotes active aging.” In its 2002 policy document, the WHO defines “active ageing” as “optimizing opportunities for health, participation and security in order to enhance quality of life as people age.” Active ageing is founded on the values of independence, participation, dignity, care and self-fulfilment.

In practice, this means that:

Public and commercial settings and services are made accessible to accommodate varying levels of ability. Age-friendly service providers, public officials, community leaders, faith leaders and business people:

- recognize the great diversity among older persons,
- promote their inclusion and contribution in all areas of community life,
- respect their decisions and lifestyle choices, and
- anticipate and respond flexibly to aging-related needs and preferences

These WHO goals are shared by the NDGSCC and follow naturally from the Council’s values and mission:

NDG Senior Citizens’ Council (NDGSCC) is a Montreal non-profit community organization dedicated to improving the quality of life of adults (50+) by encouraging mutual aid and civic engagement. NDGSCC aims to lessen the impact of social and economic isolation through programs and services, outreach, advocacy, research, joint action and education. NDGSCC works to address the underlying causes of poverty and social exclusion by supporting social justice initiatives that represent the real changes required to promote dignity, not charity. We provide a sense of belonging and restore hope to individuals who might otherwise remain invisible in society.
A Global Age-friendly Cities and Communities Guide\textsuperscript{4} aims to engage cities in creating urban environments and services that foster the full participation of older adults in the public life of their communities. It identifies eight domains that influence the level of age-friendliness in a community and provides a checklist of core features of an age-friendly city. The eight domains are: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information and community support and health services.

Inspired by Age-friendly Cities, the Government of Québec has adapted the WHO model and promoted its slightly modified version among Quebec municipalities,\textsuperscript{5} and is now considered to be a world leader in the movement.

It is estimated that by 2026, one in five Montreal residents will be 65 years old or over. In March 2011, the City of Montreal (Ville de Montréal) announced its commitment to becoming an age-friendly city, a Métropole amie des ainés (MADA).

Montreal showed its commitment to creating a more age-friendly city by issuing the Plan d’action municipal pour les aînés 2013-2015.\textsuperscript{6} This plan makes seven broad commitments to foster active ageing in Montreal, with universal accessibility and a reflèxe aîné (senior-friendly sensibility) as its fundamental principles.

MADA is a City of Montreal plan, so it calls for actions that fall under the jurisdiction of the City Council, which includes the central city departments and municipal services, such as the police force (SPVM), the bodies concerned with housing (SHDM and OMHM), and public transportation (STM).

Since Montreal’s 19 boroughs differ in their characteristics, infrastructure, resources and needs, and because the delivery of local services falls under borough jurisdiction, the scope of

\begin{center}
\textbf{City of Montreal’s 7 Age-friendly commitments}
\begin{enumerate}
\item Help to make Montreal safe for older adults
\item Organize public spaces to facilitate access for older adults
\item Improve housing conditions to allow older adults to stay in their homes as long as possible
\item Facilitate the mobility of older adults around the city
\item Improve access to information
\item Offer older adults a stimulating and dynamic environment that promotes participation and community involvement
\item Increase opportunities for older adults to be heard
\end{enumerate}
\end{center}
Montreal’s city-wide action plan is limited. It is therefore up to borough administrations, such as that of Côte-des-Neiges—Notre-Dame-de-Grace (CDN-NDG), to use their local expertise to address local issues and implement changes.

The City of Montreal therefore encourages each of the 19 boroughs to adhere to the seven MADA principles and to name a political and an administrative person responsible for putting them into practice.

The NDGSCC enthusiastically welcomes our Borough Mayor Russell Copeman’s July 2016 announcement of the creation of an advisory committee on seniors. This committee will serve to guide Mr. Copeman directly on matters affecting the older population, in particular, issues under the jurisdiction of the borough.

Why an Age-friendly Cities (AFC) community assessment for NDG? NDGSCC believes that an evidence-based approach is needed to fulfill Montreal’s MADA commitments at the borough and neighbourhood level.

This community assessment will provide Mr. Copeman’s advisory committee with data on the characteristics, living conditions, needs and opinions of the older population. This data will be expressed in numbers and through interviews with a diversity of older NDG residents.

NDGSCC will also use the assessment to promote implementation of the Age-friendly Cities approach beyond NDG to the rest of the CDN-NDG borough through education, research, planning and community development.

Of course, older NDGers are as diverse a population as any in terms of their customs, values, countries of origin, life experiences and political views. If baby boomers and seniors (65-plus), are both categorized as “older adults”, their chronological age spans several decades. When one adds to these the differences in language identity, sexual orientation, socioeconomic status and levels of ability and autonomy, one cohesive picture of “older NDGers” and their needs becomes impossible to paint. The better we understand the older NDG community (or communities) in all its complexity and diversity, the better position we are in to create policies and plans that benefit NDGers of all ages.

For over 40 years, the NDGSCC has completed or collaborated on small studies and statistical profiles of particular subgroups of the older NDG population, bringing clarity to and
validating informal research and observations gathered during community practice. The City of Montreal and the Community Economic Development and Employability Corporation CEDEC have also issued reports with useful statistical data on the 65-plus population of Montreal and on the Borough of CDN—NDG. None of these studies however, focused on the NDG neighbourhood exclusively, nor used the latest (2011) data from Statistics Canada.

Guided by the WHO Age-Friendly Cities Project Methodology, Vancouver Protocol, this is NDG’s first attempt at examining themes ranging from the built environment and mobility to communication and social inclusion through the lenses of the many different social groups we call “older people,” “old people,” “elders,” “boomers” and “seniors.”

The terminology used in this report to name members of the “advanced chronological age” population is problematic, since there is no consensus on what they should be called. Because we use statistics from 2011, we decided to use the terms “boomer” for those born between 1946 and 1965 (up to 65 years old in 2011) and “senior” for those born before 1946 (aged 65 in 2011). Together, we are calling them “older people” or “older NDGers.”

The report presents first a socio-demographic profile of the NDG neighbourhood and its older population, and second, a description of the findings on eight Age-friendly Cities topics that emerged from a series of guided discussions with older NDGers and key informants, with recommendations intended for the public, commercial and community sectors.
II. METHODOLOGY AND THE VANCOUVER PROTOCOL

Our purpose in this community assessment was to discover the perceptions and opinions of a variety of older NDGers regarding the age-friendliness of their neighbourhood and to have them share their ideas for improvements.

The assessment methodology we used made extensive use of the WHO Age-Friendly Cities Project Methodology, Vancouver Protocol, and the Global Age-Friendly Cities Guide and companion “Checklist of Essential Features of Age-Friendly Cities” (see Appendix). The Protocol was created to guide organisations in carrying out community assessments in cities in both developed and developing countries within the Age-friendly cities framework.

The Protocol’s local, “bottom-up” approach centres on the daily experiences of older NDGers and their views of what is age-friendly and what is not, and asks them what could be done to improve the age-friendliness of their neighbourhood.

In accordance with the Protocol, we examined the WHO’s eight domains of NDG’s built, social and service environments. The Protocol also guided our recruitment of informants from a variety of backgrounds and the development of discussion guides for our focus groups and interviews with older adults. The research team used a combined approach to recruit participants. We asked our contacts at churches and community groups to refer people or to organize focus groups to be hosted by them, and we then used ‘snowball sampling,’ in which participants referred their friends for future focus groups. This was done mostly within English-speaking networks of older NDGers, and an effort was made to include as diverse a population as possible in order to represent people living in different parts of NDG, with varied socioeconomic status, countries of origin, ethnicities and languages.

With the gracious help of New Hope Senior Citizen’s Centre, the NDG Food Depot, and the NDG Community Council, and with the hard work of volunteers at St. Thomas Church, the Unitarian Church and the Raging Grannies, we were able to hold twelve focus groups of between two and fourteen participants each. These focus groups were held in a variety of formal and informal settings such as board rooms, church basements, dining rooms, and sidewalk cafés. For those who were housebound, we talked over coffee in their kitchens or living rooms. These consultations with older NDGers were carried out between 2014 and 2015. In total, we interviewed 48 older adults — baby boomers and seniors (65-plus) — and eight key informants from local organizations about the eight topics of the Vancouver Protocol. Personal information was collected from all interview and focus group participants through a personal information form. That information can be seen in the profile below.
Of the 48 participants we interviewed:

- 30 were women and 15 were men
- The oldest was aged 92 and the youngest was aged 52
- 18 belonged to the “parents of baby boomers” generation (1919–1940), 6 were born during WWII (1941–1945) and 20 were baby boomers (1946–1965)
- 34 had English as their mother tongue, several of whom reported a low level of French language proficiency
- 5 had French, 2 had Spanish, 3 had German, 1 had Portuguese and 1 had Slovak as their first languages
- 25 said they were retired, 3 were working, and the remaining were otherwise not employed
- 8 said that they were caregivers of a spouse or parent
- 27 were born in Canada
- 21 were immigrants who arrived in Canada between 1930 and 2009 from 11 countries in Europe, Asia, the US, the Caribbean and Latin America. England was the country of origin of 6 participants
- 27 had completed some level of university education, 12 had finished high school and 5 had primary school only
- 3 lived with their parents, a child or their sister
- 9 lived with a spouse or partner, and 4 shared a home with non-relatives
- 29 lived alone, and 8 of those with a cat or dog
- 11 lived with at least one pet
- Most said they suffered from musculoskeletal pain, recent injuries or surgeries, cancer, diabetes or some other chronic illness, and 3 baby boomer men had just recovered from hip surgery
- 2 or more were blind, and several apparently had hearing impairments. 2 used wheelchairs, and several more used walkers and canes. Some spoke and thought slowly, and many were unable to sit through long, detailed interviews
- Socioeconomic status was not determined except from what we could surmise by participants’ addresses, which are mapped below. The study included several participants from lower-income parts of NDG such as the area around Sherbrooke St. and Cavendish Blvd, and the St. Raymond neighbourhood located below de Maisonneuve Blvd.
Although we acknowledge that we heard disproportionately from educated, middle class English-speakers, and would have liked to interview a greater number of older people from the more difficult-to-reach minority and housebound populations, we were satisfied with the diversity of the participants achieved. A review of the recruitment strategies of other AFC community assessments in Montreal and Canada showed our participant group to be significantly more diverse than groups selected via the town hall-type recruitment strategy. It is a goal of qualitative research to ensure inclusion of diverse perspectives, rather than to achieve a sample that is representative of the population studied, as in the case of quantitative studies.

In order to bring to the study a depth and breadth of expertise not present in the participant group, the following key informants from the NDGSCC board and staff, NDG Food Depot and the NDG Community Council were interviewed:

- Miguel Cristancho, Executive Director, Welcome/Bienvenue NDG
- Stéphanie Dupont, Community Organizer, Rene Cassin and Benny Farm CLSCs
- Christine Eden, retired CLSC homecare worker, transport accompaniment volunteer, NDGSCC
- Annie Gosselin, Housing Organizer, NDG Community Council
- Anne MacKay, Coordinator of Action Transport program, NDGSCC
- Sheri McLeod, Executive Director, NDGSCC
● *Brian Moores*, retired social worker, Action Transport volunteer and Board member, NDGSCC
● *Susan Munro*, Support and Referral Coordinator, NDG Food Depot
● *Shari Polowin*, Director of Development, NDGSCC
III. PROFILE IN NUMBERS: NDG AND ITS OLDER POPULATION

This profile presents a range of socio-demographic characteristics of the neighbourhood of NDG and its older population. With a view to adapting the urban environment to meet the needs of all ages, the data allow us to identify gaps between the needs of older NDGers and the resources supplied by the City, the Borough, and the commercial and community sectors. While it is far from exhaustive, if considered along with the voices of older NDGers as expressed in the next sections, this profile provides an evidence base that will help to identify and prioritize problem areas, and guide us toward a more age-friendly community.

A word about our statistics

Statistics for this profile come primarily from the 2006 and 2011 Censuses, and from the 2011 National Household Survey (NHS). The NHS was a voluntary survey carried out shortly after the May 2011 Census, and included approximately 4.5 million Canadian households. The data collected by the NHS was intended to replace the data that was collected in previous census years by the long-form census questionnaire, with most of the same questions.

The data collected on NDG is compared to the data on the City of Montreal (Ville de Montréal), the data found on NDG’s sister neighbourhood Côte-des-Neiges (CDN), and to and to the Census Metropolitain Area (CMA). Data on the Island of Montreal and the Canadian population are also analysed in a few instances throughout this profile.

Through a special data request made to Statistics Canada by the City of Montreal, we were given access to a target group profile on the population aged 65 years and older who inhabit the 18 census tracts of NDG. We hoped to include the “boomer” cohort (age 50-65) in our analysis, but were unable to because data on this group was only available by purchasing an additional target group profile from Statistics Canada. Future studies should take into account this important “pre-senior” population, whose oldest members began turning 65 in 2011.

A significant limitation of this profile is the quality of the data from the NHS. The response rate across Canada for the NHS was 68.6%, but it is acknowledged to be lower at smaller urban geographic areas. According to Statistics Canada, the response rate for the NHS in the City of Montreal was 82% — much lower than that achieved by the mandatory long form census (in the 90%-plus range, depending on the community) that collected similar data in 2006.

In the section on housing, we use data compiled by the Canadian Mortgage and Housing Corporation, which compares figures from the 2006 long form census and the 2011 NHS. The CMHC reminds us, "Statistics Canada recommends caution when comparing data from the NHS to the Census. While the 2011 data fairly represents the characteristics of those who
responded to the survey, there is no way to tell the degree to which a change in housing conditions reflects an actual change in housing conditions and not a change in the nature of respondents to the NHS, compared to the Census.13

Another limitation of the NHS is that it did not sample people living in collective dwellings, such as group homes, seniors’ residences and nursing homes. The lack of data on this segment of the population means that more than one in ten seniors is not counted, making this vulnerable group invisible.

Despite these considerable limitations, the NHS data offer the closest estimate available to us for building a detailed socio-demographic profile of NDG’s elder population.

**Neighbourhood Geography & Population**

Notre-Dame-de-Grâce, commonly referred to as “NDG,” is a large, diverse, inner-city neighbourhood, west of the downtown core. It belongs to the City of Montreal (Ville de Montréal) and to the City’s most populous borough, Côte-des-Neiges – Notre-Dame-de-Grâce.

NDG measures 8.8 km² and has 67,225 residents (47% men and 53% women). The neighbourhood has a population density of 7,534 people per square kilometer. In terms of area, NDG covers almost half of the Côte-des-Neiges-Notre-Dame-de-Grâce (CDN-NDG) borough, but is less densely populated than Côte-des-Neiges, and makes up less than half of the total borough population of 165,031.

**Figure 1: Borough of Côte-des-Neiges--Notre-Dame-de-Grâce (CDN-NDG)**
The territory of NDG is bound to the west by the municipality of Montreal West, and further north by the municipalities of Côte-Saint-Luc, Hampstead and Côte-des-Neiges. In the South West, NDG borders on the St-Jacques escarpment and the Sud-Ouest borough, and to the South East it borders on the municipality of Westmount.

Figure 2: Notre-Dame-de-Grâce, census tracts


NDG is intersected by major thoroughfares, including the Décarie Expressway and railroad tracks. It contains 18 census tracts and two electoral districts — Loyola in the west and Notre-Dame-de-Grâce in the east — separated by Grand Boulevard in the south and Madison Avenue in the north. Both electoral districts are represented by an elected official who sits on both the Borough Council and on the City Council.
Population by Age

In 2011, NDG’s population aged 65 and over was 9,620, making up 14% of the neighbourhood, which is similar to the proportion in Canada as a whole. The NDG 50-plus population made up almost one third (32%) of the neighbourhood.

In 2011, when the last Canadian census was completed, the first baby boomers (born in 1946) were turning 65 and entering retirement. In 2016, the year that this report is being written, some of these boomers are turning 70. By 2031, Canada’s entire baby boomer generation will have reached 65, and the 65-plus group could reach 23%.

Figure 3: Portrait of Canada’s generations by age and sex

![Figure 3: Portrait of Canada’s generations by age and sex](image)

Statistics Canada, Census 2011

Figure 3 above shows the total population of Canada by age and sex, with ages grouped by generations. The pyramid shows a predominance of women over men in the older cohorts. Most of the population is clustered around the center, with baby boomer births (a cohort that is now in its 50s), peaking in the early 1960s. It indents slightly at the base — indicating a population that is not replacing itself through natural increase (births exceeding deaths) and that relies on in-migration to maintain its size. With people living longer, it clearly shows the
declining birth rate typical of highly-developed countries that have an overall ageing population.

The overall shape of NDG’s population pyramid in Figure 4 resembles the Canadian one, however NDG’s bulge appears somewhat later (lower on the structure), in the 1970s and 80s. In fact, Figure 4 shows that the largest cohort in NDG is not the baby boomers, it is the baby boomers’ children (who were under 40 in 2011). This discovery raises two questions: Is the relatively low proportion of baby boomers present in NDG compared to the rest of Canada the result of a relatively young population moving in to NDG from local origins or abroad? And has this trend been accompanied by older people leaving the neighbourhood?

The pyramid for NDG shows that NDG’s 65-plus population is split very unevenly by sex (37% men and 63% women). The gap increases with age as women outlive men, with women in the 85-plus cohort representing a full 75% of the population group. These proportions are similar for the City of Montreal (72% female).

Figure 4: NDG’s generations by age and sex

Statistics Canada, Census 2011. Pyramid by A. Carruthers

Figure 5 below shows the age distribution in the Montreal Census Metropolitan Area (CMA), the City of Montreal, Côte-des-Neiges and NDG. The age distribution of NDG very closely
resembles that of the City of Montreal, as they both have bulges that peak in the same 30-39 year-old cohort. In each of the age cohorts, the population of NDG is practically in lock step with that of the City, with never more than one or two percentage points separating their age profiles.

The population of CDN is dramatically younger. In this neighborhood, the cohort of 20-29 year olds makes up nearly 20% of its population. Finally, the CMA shows a bulge peaking at ages 40-49. This bulge representing the baby boomer cohort resembles that of the Canadian age profile.

Figure 5: Age distribution of Montréal CMA, Ville de Montréal, CDN & NDG

Statistics Canada, Census 2011 Chart by A. Carruthers
Population Growth

NDG’s general population structure and total population growth trend resemble that of the City of Montreal; however it is notable that this is not the case with the growth of their senior populations. Table 1 shows that while the NDG senior cohort grew by a modest 2% between 2006 and 2011, Montreal’s 65-plus population grew by 9.5%.

Table 1: Growth rate 2006-2011, total population and 65+

<table>
<thead>
<tr>
<th></th>
<th>Total population change 2006-2011</th>
<th>65+ population change 2006-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDG</td>
<td>1.7%</td>
<td>2%</td>
</tr>
<tr>
<td>Montréal (City)</td>
<td>1.8%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Côte-des-Neiges</td>
<td>-0.4%</td>
<td>-7.6%</td>
</tr>
<tr>
<td>Montréal (CMA)</td>
<td>5.2%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Statistics Canada, Census 2006 & 2011

Meanwhile in CDN —a relatively young population—the senior cohort dropped in size by 7.6%. Conversely, the CMA saw a large increase of 13% in its senior population. In subsequent research, it might be helpful to better understand the dynamics behind the dissimilar growth rates of the senior populations in these areas, and the possible relationships between these rates.
**Distribution of NDG’s 65-plus population**

The map below (Figure 6) shows the spatial distribution of the NDG senior population. The three census tracts that exhibit the highest numbers of seniors are: the central, Cavendish-Sherbrooke area with 1,085 seniors (19%), the North West (top of the map) between Côte-Saint-Luc Road and Fielding, which is home to 865 (21%), and the North East border with Westmount, above Sherbrooke Street, which has 840 seniors (20%).

**Figure 6: 65+ population distribution, NDG, by Census Tract**

*Statistics Canada, Census, 2011. Map by A. Carruthers*
Living Arrangements

Older NDGers live in either private or collective dwellings. Collective dwellings include commercial or institutional dwellings such as seniors’ residences, rooming houses, nursing homes, hospitals and group homes.\(^{16}\)

The pie chart in Figure 7 shows that while the vast majority (89%) of NDG seniors live in a private dwelling, more than one in ten NDG seniors (just over 1,000 people) are living in a collective dwelling.

**Figure 7: Living in private vs. collective dwellings 65+ NDG**

> Statistics Canada, Census and National Household Survey, 2011. Calculations\(^{17}\) by A. Carruthers
The map in Figure 8 below shows the size and distribution of the NDG senior population living in collective dwellings. We see that the largest numbers of people living in collective dwellings (365 and 170 residents) are located in two census tracts bordering Westmount. Additionally, there is a concentration of 160 seniors living in collective dwellings in the West end of NDG between Sherbrooke Street and de Maisonneuve Boulevard.

**Figure 8: Living in group or institutional dwellings, 65+ NDG by Census Tract**

![Map showing living in group or institutional dwellings](image)

*Senior community in Private VS Collective Dwellings*

- # Proportion of entire pop & absolute # individuals
- Senior population living in private dwellings
- Senior population living in collective dwellings

*Statistics Canada, Census, 2011. Map by A. Carruthers*

Reminder: The sample taken for the National Household Survey did not include people living in collective dwellings. Therefore, all of the NHS data that follows has the limitation that it does not take into account more than one out of ten seniors living in NDG—those who live in institutional or group dwellings.
For those in the 65-plus population who live in private dwellings, Figure 9 below shows the various types of living arrangements. Slightly more than half (53%) of NDG seniors are living in census families — that is, with a conjugal partner and/or a child. Of the other 47%, the vast majority (86%) live alone. The remaining percentages of these senior NDGers share their homes with another person, including a relative.

**Figure 9: Living and not living in a census family, 65+ NDG**

*Statistics Canada, Census 2011*
Figure 10 below shows that more NDG seniors are living outside of couple relationships than in them with a spouse or common-law partner (57% vs. 43%). The same pattern is seen for the City of Montreal (53% vs. 47%), however the difference is more pronounced in NDG.

**Figure 10: Couple status, 65+, NDG**

![Bar chart comparing couple status in NDG and Ville de Montréal.](chart1.png)

*Statistics Canada, National Household Survey 2011*

Figure 11 below shows the substantial size of the NDG senior population (in private dwellings) that is living alone—over 40%, or 3,490 people. The majority (59%) of seniors live with another person or people in family or couple arrangements, or with relatives or non-relatives.

**Figure 11: Living alone vs. living with others, 65+ NDG**

![Pie chart showing living arrangements.](chart2.png)

*Statistics Canada, National Household Survey, 2011*
Of those seniors living alone in NDG, Figure 12 shows that almost ¾ are women, which is likely due mostly to the much larger proportion of senior women than men in NDG, as their life expectancy exceeds that of men.

**Figure 12: Living Alone, Men vs. Women 65+ NDG**

![Pie chart showing the proportion of men and women living alone](image)

*Statistics Canada, National Household Survey, 2011*

**Work and Income**

Table 2 below shows the work activity and employment rates of the 65+ population in NDG. The NHS data show that seniors in NDG are considerably more likely to be working for pay than are their peers in the rest of the City of Montreal, possibly because of a larger proportion of professionals in NDG.

**Table 2: Work activity & employment rate, 65+**

<table>
<thead>
<tr>
<th></th>
<th>City of Montréal</th>
<th>NDG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work activity rate</td>
<td>10.5</td>
<td>14.4</td>
</tr>
<tr>
<td>Employment rate</td>
<td>9.5</td>
<td>13.6</td>
</tr>
</tbody>
</table>

*Statistics Canada, National Household Survey, 2011*

Perhaps as a result of work income, we see in Table 3 that both the average and median incomes of the NDG senior population are somewhat higher than those of Montreal as a whole.
### Table 3: Median & average income, 65+ NDG

<table>
<thead>
<tr>
<th></th>
<th>City of Montréal ($)</th>
<th>NDG ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median income</td>
<td>20,664</td>
<td>22,963</td>
</tr>
<tr>
<td>Median income after taxes</td>
<td>20,314</td>
<td>22,154</td>
</tr>
<tr>
<td>Average income</td>
<td>31,094</td>
<td>36,277</td>
</tr>
<tr>
<td>Average income after taxes</td>
<td>26,990</td>
<td>30,511</td>
</tr>
</tbody>
</table>

*Statistics Canada, National Household Survey, 2011*

The Low Income Measure (LIM) tells us about the distribution of income. The LIM is a limit applied to household income below which people are considered to be low-income. As defined by Statistics Canada, the LIM is “a fixed percentage (50%) of median adjusted household income, where ‘adjusted’ indicates that household needs are taken into account. Adjustment for household sizes reflects the fact that a household's needs increase as the number of members increases.”

Table 4 shows that in NDG, one out of five (20%) people aged 65 and over is living below the poverty line; that is 1,730 people. This is a slightly lower proportion than for the City of Montreal. Note that in both geographic areas women are significantly more likely than are men to fall below the LIM.

### Table 4: Low income in 2010 based the after tax Low-Income Measure (LIM−AT), 65+ City of Montreal & NDG

<table>
<thead>
<tr>
<th></th>
<th>City of Montreal</th>
<th>NDG</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+ population under the LIM</td>
<td>51,970</td>
<td>1,730</td>
</tr>
<tr>
<td></td>
<td>23.2%</td>
<td>20.2%</td>
</tr>
<tr>
<td>Men 65+ under the LIM</td>
<td>16,990</td>
<td>555</td>
</tr>
<tr>
<td></td>
<td>18.2%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Women 65+ under the LIM</td>
<td>34,990</td>
<td>1,170</td>
</tr>
<tr>
<td></td>
<td>26.8%</td>
<td>23.2%</td>
</tr>
</tbody>
</table>

*Statistics Canada, National Household Survey, 2011*
First Official Language Spoken

For measuring linguistic identity we used First Official Language Spoken (FOLS)\textsuperscript{22}—the measure used by the Official Languages Act for planning services for Canada’s Official Language Minority Communities. It is a derived variable taking into account knowledge of the two official languages (French and English), mother tongue and the language spoken most often at home, and is adjusted for multiple responses.

NDG is distinguished from other Montreal neighbourhoods by its unusually large English-speaking population. The 2011 census data in Figure 13 shows that English is the First Official Language Spoken of 60% of NDGers. French comes second, with 37% of the population. The proportion of English speakers living in NDG is more than double that of the City of Montreal (28%). When it comes to language, NDG is similar to its neighbour CDN, which also has a higher-than-average English-speaking population.

Figure 13: First Official Language Spoken, total population, NDG & the City of Montréal

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure13.png}
\caption{First Official Language Spoken, total population, NDG & the City of Montréal}
\end{figure}

\textit{Statistics Canada, Census, 2011}
We see in Figure 14 below that the language divide among NDG seniors is even more pronounced than among the total NDG population, with 63% of seniors categorized as FOLS-English. About half as many NDG seniors are French-speakers (32%). For the City of Montreal, the proportions are almost inversed, with 70% of seniors who are French-speakers, and only 23% of seniors who are English-speakers (members of the Official Language Minority Community of Quebec). The remaining small slices in Figure 14 remind us that there is also a part of the population that is unable to speak English or French.

Figure 14: First Official Language Spoken, 65+, NDG & the City of Montreal

[Graph showing language distribution in NDG and City of Montreal]

Statistics Canada, Census, 2011
Visible Minority Status

The pie charts in figure 15 below display the proportions of the 65+ populations that belong to visible minority groups in NDG and Montreal. Nearly one in five (19%) NDGers aged 65-plus is a member of a visible minority group, while the proportion is smaller for the City of Montreal (14%).

Figure 15: Members of a visible minority, 65+, NDG (left) and the City of Montreal (right)

Statistics Canada, National Household Survey, 2011
Immigration & Citizenship

Just under 5,000 NDG seniors (57%) are immigrants—a number significantly higher than for the City of Montreal (41%).

Figure 16 below shows that a large majority (66%) of NDGers who are aged 65-plus are immigrants who came to Canada in or before the 1970s. This pattern is similar to that of the City of Montreal, where the proportion of immigrants has been decreasing over the last sixty years. It is noteworthy that in NDG only 3% of seniors who are immigrants are newcomers who came to Canada in the last ten years.

Figure 16: Period of immigration, 65+ NDG & City of Montreal

![Graph showing period of immigration](image)

Statistics Canada, Census, 2011

As for place of origin, Figure 17 below shows that the largest groups of NDG senior immigrants came from Europe (56%), North America (22%), Asia (18%) and a very small group came from Africa. The proportions are similar for the City of Montreal, except that NDGers are more likely to have immigrated from North America, and less likely to have come from Africa.
Whether they came from a foreign country, another Canadian city, or were born in NDG, almost the entire 65+ population of NDG sampled by the NHS are Canadian citizens (95%, or 8,175 people), and therefore eligible voters. Figure 18 below reveals the relative proportions of citizens vs. non-citizens in NDG’s 65-plus population.
**Education**

Educational attainment is considerably higher among NDG seniors than Montreal seniors as a whole. Figure 19 shows that over 50% of NDG seniors have completed some kind of postsecondary education. In contrast, only 36% of Montreal seniors have achieved some level of postsecondary education. In addition, the proportion of the senior population with no certificate or diploma is much lower in NDG than in the City as a whole.

**Figure 19: Educational Attainment, 65+, NDG & City of Montreal**

<table>
<thead>
<tr>
<th></th>
<th>NDG</th>
<th>City of Montreal</th>
</tr>
</thead>
<tbody>
<tr>
<td>No certificate, diploma or degree</td>
<td>53%</td>
<td>42%</td>
</tr>
<tr>
<td>High school diploma or equivalent</td>
<td>26%</td>
<td>36%</td>
</tr>
<tr>
<td>Postsecondary certificate, diploma or degree</td>
<td>21%</td>
<td>22%</td>
</tr>
</tbody>
</table>

*Statistics Canada, National Household Survey, 2011*

**Disability in Canada**

Disability is experienced by 11% of Canadian adults. It is a condition that often accompanies ageing and is a primary consideration in age-friendly urban planning. We do not have data on the prevalence of disability in NDG, however the Canadian Survey on Disability, 2012²³ gives us the figures for Canada. The Canadian Survey of Disability provides information about Canadians who are limited in their daily activities because of a long-term condition or health-

Of course, the prevalence of disability rises with age. People aged 45 to 64 have a 16% rate of disability, for those 65 to 74 it rises to 26%, and for those 75 and older, 42.5% report experiencing a disability. The most common types of disability among the older population are pain (22.1%), flexibility (19.3%) and mobility (20.5%). Hearing disabilities were also prevalent among seniors, at just over 10%.

Women are more likely than men to experience disability. In the age 75+ category, 44.5% of women and almost 40% of men reported a disability. The Survey found that 8 out of 10 people with disabilities use aids or assistive devices.
Housing

Residents of NDG are primarily renters of their housing. Figure 20 shows that the majority of NDG households (all ages) live in rental dwellings (65%). The proportion of rented dwellings is similar to those of the City of Montreal (64%).

Figure 20: Housing tenure, (total population) NDG, numbers & percentages

![Pie chart showing housing tenure in NDG and Montreal]

Statistics Canada, National Household Survey, 2011

For renters, shelter costs include rent and, as applicable, fuel and electricity. Table 5 below shows that in 2010, 8,815 tenant households in NDG (all ages) spent 30% or more of their incomes on shelter. Almost 44% of households are in that situation. The proportion of Montreal tenant households in this situation is slightly lower, at 40.3%.

Table 5: Tenant households spending 30% or more of their income on shelter in 2010, NDG (total population)

<table>
<thead>
<tr>
<th>Tenant households</th>
<th>NDG</th>
<th>City of Montreal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number</td>
<td>20,080</td>
<td>487,765</td>
</tr>
<tr>
<td>Spending 30% or more of total household income on shelter</td>
<td>8,815</td>
<td>196,569</td>
</tr>
<tr>
<td></td>
<td>43.9%</td>
<td>40.3%</td>
</tr>
</tbody>
</table>

Statistics Canada, National Household Survey, 2011

For home owners, in addition to electricity and fuel, shelter costs may include mortgage payments, property taxes, school taxes and condo fees. Table 6 below shows that in 2010, 23% of NDGers who own their own homes were spending 30% or more of their incomes on the costs of shelter, while the proportion of Montrealers in this situation is almost identical.
Table 6: Home owner households spending 30% or more of their income on shelter in 2010, NDG (all ages)

<table>
<thead>
<tr>
<th>Home owner households</th>
<th>NDG</th>
<th>City of Montreal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number</td>
<td>10,975</td>
<td>272,180</td>
</tr>
<tr>
<td>Spending 30% or more of total household income on shelter</td>
<td>2,579</td>
<td>64,779</td>
</tr>
<tr>
<td></td>
<td>23.5%</td>
<td>23.8%</td>
</tr>
</tbody>
</table>

Statistics Canada, National Household Survey, 2011

The profile data provided to us by the City of Montreal for the 65-plus population did not include housing information. We therefore obtained a custom tabulation for NDG provided by the Canadian Mortgage and Housing Corporation (CMHC).

The CHMC compiles census and NHS-based housing data and uses a two-step procedure to determine the incidence of core housing need. First, it determines whether the housing is acceptable (meets all three criteria of adequacy, suitability, and affordability). A household is not in core housing need if its housing meets all of the adequacy, suitability and affordability standards. In some cases, housing does not meet one or more of these standards, but the household's income is nonetheless sufficient to afford alternative local housing (costing under 30% of their income) that is acceptable. Taking these households' incomes (and the ability to pay for housing) into account, the second step excludes these households from core housing need. Those who would be able to meet or surpasses this core need income threshold are considered not to be in core housing need, while those whose incomes are too low for them to find alternative acceptable housing would be deemed to be in core housing need.

A household therefore is said to be in core housing need if its dwelling falls below at least one of the adequacy, affordability or suitability, standards, and if it would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards).

- Adequate housing does not require any major repairs, according to residents.
- Suitable housing has enough bedrooms for the size and makeup of resident households, according to National Occupancy Standard (NOS) requirements.
- Affordable housing costs less than 30% of before-tax household income.

Table 7 below presents data showing a frequency of core housing need of 6% for owners and 27% for renters in NDG in 2011. The incidence is far higher for renters than for owners. For both owners and renters, the greatest housing need was in the area of affordability (6% and 25% respectively). For renters, 20% were below the suitability standard and 14% below the adequacy standard. While overall housing need deteriorated for renters between 2006 and
2011, dramatic increases in need took place in the areas of adequacy and suitability, indicating that there is far more crowding and that the condition of buildings has deteriorated.

Table 7: Proportion of households in core housing need by housing standards, NDG

<table>
<thead>
<tr>
<th>Households in core housing need</th>
<th>Owners 2006</th>
<th>Owners 2011</th>
<th>Renters 2006</th>
<th>Renters 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Households</td>
<td>4%</td>
<td>6%</td>
<td>24%</td>
<td>27%</td>
</tr>
<tr>
<td>Below affordability standard</td>
<td>4%</td>
<td>6%</td>
<td>23%</td>
<td>25%</td>
</tr>
<tr>
<td>Below adequacy standard</td>
<td>1%</td>
<td>1%</td>
<td>4%</td>
<td>14%</td>
</tr>
<tr>
<td>Below suitability standard</td>
<td>1%</td>
<td>0%</td>
<td>6%</td>
<td>20%</td>
</tr>
</tbody>
</table>


Reminder: Statistics Canada recommends caution when comparing data from the NHS to the Census. While the 2011 data fairly represents the characteristics of those that responded to the survey, there is no way to tell the degree to which a change in housing conditions reflects an actual change in housing conditions and not a change in the nature of respondents to the NHS, compared to the Census.28

With regard to age, Table 8 below shows the incidence of core housing need according to the age of the primary household maintainer.29 Housing need is highest among the 55-64 age cohort, where 33% of renters were in that situation in 2011, up from 31% five years earlier. This high number might be due in part to the unaffordability of housing in particular for those low-income baby boomers who are living on social assistance and have not yet begun receiving a pension.

Table 8: Core housing need by Age of primary household maintainer, NDG

<table>
<thead>
<tr>
<th>Age of Primary Household Maintainer</th>
<th>Owners 2006</th>
<th>Owners 2011</th>
<th>Renters 2006</th>
<th>Renters 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Households</td>
<td>4%</td>
<td>6%</td>
<td>24%</td>
<td>27%</td>
</tr>
<tr>
<td>15 to 24 years</td>
<td>18%</td>
<td>0%</td>
<td>17%</td>
<td>24%</td>
</tr>
<tr>
<td>25 to 34 years</td>
<td>5%</td>
<td>6%</td>
<td>18%</td>
<td>21%</td>
</tr>
<tr>
<td>35 to 44 years</td>
<td>3%</td>
<td>7%</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>45 to 54 years</td>
<td>2%</td>
<td>4%</td>
<td>24%</td>
<td>30%</td>
</tr>
<tr>
<td>55 to 64 years</td>
<td>5%</td>
<td>7%</td>
<td>31%</td>
<td>33%</td>
</tr>
<tr>
<td>65 years and over</td>
<td>7%</td>
<td>7%</td>
<td>22%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Note: Regardless of their circumstances, non-family households maintained by people 15-29 years old attending full-time studies are considered to be in a transitional stage of life and therefore not in core housing need.30

Notwithstanding reservations about comparing 2006 and 2011 figures, here again we see a clear trend in the wrong direction, toward more core housing need in NDG. We see an increase in the frequency of core housing need in almost every age group, for both owners and renters. Also, the incidence is significantly higher for renters than it is for home owners, and in all age categories.

Table 9 below shows the incidence of core housing need among NDGers 65-plus, and a selection of the other household types studied.

Table 9: Core housing need by household type, NDG

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All Households</td>
<td>4%</td>
<td>6%</td>
<td>24%</td>
<td>27%</td>
</tr>
<tr>
<td>Household with at least one senior (65 or older)</td>
<td>6%</td>
<td>8%</td>
<td>21%</td>
<td>27%</td>
</tr>
<tr>
<td>Households with no senior</td>
<td>4%</td>
<td>6%</td>
<td>25%</td>
<td>27%</td>
</tr>
<tr>
<td>Male living alone</td>
<td>7%</td>
<td>11%</td>
<td>24%</td>
<td>34%</td>
</tr>
<tr>
<td>Senior male living alone</td>
<td>8%</td>
<td>8%</td>
<td>19%</td>
<td>39%</td>
</tr>
<tr>
<td>Female living alone</td>
<td>10%</td>
<td>14%</td>
<td>26%</td>
<td>32%</td>
</tr>
<tr>
<td>Senior female living alone</td>
<td>13%</td>
<td>21%</td>
<td>29%</td>
<td>35%</td>
</tr>
<tr>
<td>Female one-person households</td>
<td>10%</td>
<td>14%</td>
<td>26%</td>
<td>32%</td>
</tr>
<tr>
<td>Female lone-parent family household</td>
<td>9%</td>
<td>16%</td>
<td>39%</td>
<td>40%</td>
</tr>
<tr>
<td>Senior-led (65 or older) couple family household without children</td>
<td>1%</td>
<td>2%</td>
<td>4%</td>
<td>10%</td>
</tr>
<tr>
<td>Couple family household without children</td>
<td>2%</td>
<td>2%</td>
<td>15%</td>
<td>18%</td>
</tr>
<tr>
<td>Couple family household with children</td>
<td>1%</td>
<td>3%</td>
<td>24%</td>
<td>19%</td>
</tr>
<tr>
<td>Non-permanent resident</td>
<td>18%</td>
<td>0%</td>
<td>41%</td>
<td>38%</td>
</tr>
<tr>
<td>Recent immigrants (landed 2006-2011)</td>
<td>16%</td>
<td>17%</td>
<td>39%</td>
<td>39%</td>
</tr>
<tr>
<td>Household has at least one person with activity limitations</td>
<td>7%</td>
<td>9%</td>
<td>31%</td>
<td>33%</td>
</tr>
<tr>
<td>Households with no members with activity limitations</td>
<td>4%</td>
<td>5%</td>
<td>22%</td>
<td>24%</td>
</tr>
</tbody>
</table>


The household type that is in the best position is the senior-led couple household without children, whose core housing need was very low compared to other types of households in both 2006 and 2011. On the other hand, age seems to be a detriment for renters who are living alone --both male and female seniors had a higher incidence of need in 2011 than non-
seniors living alone. There is therefore no consistent evidence that age *per se* influences the level of vulnerability to core housing need.

Table 9 suggests that being a renter who lives alone (or as the sole adult), being new to Canada, and having an activity limitation appear to be more important determinants of core housing need.

In 2011, female lone-parent households who rent their dwellings were at the highest risk of all types of households. Also among the most vulnerable are the 39% of older male renters who live alone, and female renters living alone who, quite surprisingly, are in a slightly better position than men, with 35%.

Seniors who rent and who live alone are in a similar situation to renters who are led by non-permanent residents (including refugee claimants and foreign students) (38%), and recent immigrants (39%).

Households with members who have an activity limitation --the majority of whom are likely to be over 65-- are far more likely to be living with core housing need than are those living in households where all members are able-bodied, and that holds true for both 2006 and 2011, and for owners as well as renters.

In most categories the incidence of core housing need in NDG has risen between 2006 and 2011. The housing conditions of senior renters living alone have deteriorated dramatically between the two census years, with core housing need jumping from 19% to 39% for men and from 29% to 35% for women.
Transportation

As an inner city Montreal neighbourhood, NDG is fortunate to have a good bus route network that is within a short distance from most people’s homes. In fact, as can be seen in the map below, few NDG residents live further than 250 meters (roughly a single city block) from a bus stop. Most of NDG transit’s service is geared toward bringing commuters downtown and back at rush hours, which is not the type of service that most older adults need.

Figure 21: NDG coverage by bus and metro

Société de Transport de Montréal. Adapted by A. Carruthers
NDG is not well served by Montréal’s metro system. With only two metro stations —Villa Maria and Vendôme— both located on the eastern border, NDG is a car- and bus-dependent neighbourhood when compared with the rest of inner-city Montreal. This makes the quality of bus service in NDG central to the mobility of many older adults, especially those who do not drive a car or ride a bicycle.

Figure 22: Location of NDG and metro system

*Société de Transport de Montreal. Adapted by A. Carruthers*
While we do not have any recent data on the use of different modes of transportation by NDG’s older adults, the 2008 Origine-destination study conducted by the Agence métropolitaine de transport (AMT) showed that the private automobile is the preferred mode of transportation for Montreal’s 65-plus population. This preference for travelling by car rises with age and as physical disabilities increase, due to its several advantages over public transit, including safety, flexibility and comfort.\textsuperscript{34}

The NHS allows us to compare the habits of NDG seniors with those of the total NDG population, but only with regard to their choice of the mode of transportation they use to get to work. The pie charts in Figure 23 below reveal that seniors are more likely to use cars (55% are the drivers and 3% are driven) to get to work than to use public transit (31%). In contrast the NDG population as a whole uses both cars (42%) and public transit (43%) at an almost equal rate. The 65-plus population is slightly more likely to choose walking as their preferred mode of transportation than are other NDGers. Cycling is not a significant mode of transportation for seniors traveling to work.

\textbf{Figure 23: Usual mode of transportation to go to work, NDG total population (left) and 65+ population (right)}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure23.png}
\caption{Usual mode of transportation to go to work, NDG total population (left) and 65+ population (right)}
\end{figure}

\textit{Statistics Canada, National Household Survey, 2011}
Highlights of the data

- In 2011, NDG’s total population was 67,225. Its population aged 65-plus was 9,620, or 14%, which is very similar to the Montreal and Canadian proportions. The NDG 50-plus population made up almost one third (32%) of the neighbourhood population.

- Unlike for Canada as a whole, the NDG baby boomer population is not the largest age cohort; rather, the children of the baby boomers make up the largest group.

- The growth rate of the senior population in NDG is slower than it is in the City of Montreal and the Montreal CMA as a whole.

- 63% of NDG seniors are women.

- About 1,000 NDG seniors (11%) live in collective or institutional dwellings.

Of those who do not live in collective dwellings:

- More than 40% of NDG seniors live alone (3,490 people), and 3/4 of those are women.

- NDG seniors are more likely to be employed (13.6%) than senior Montrealers as a whole (9.5).

- 20% of NDG seniors (1,730) live at or below the Low Income Measure, which is a somewhat lower incidence of poverty than for Montreal.

- There is a large disparity in the rates of low income of women (23%) and men (15%).

- A significant 63% of NDG seniors have English as their First Official Language Spoken, while in the City of Montreal as a whole, only 23% are English speakers.

- NDG seniors are somewhat more likely than those of the City of Montreal to belong to a visible minority group (19% vs. 14%).

- More than half (57%) of NDG’s 65-plus population is made up of immigrants—a far greater portion than for the City of Montreal (41%).

- The rate of post-secondary educational attainment is considerably higher among NDG seniors than among Montreal seniors overall (53% vs. 36%).

- About thirty percent of tenant households where the primary household maintainer is over the age of 55 are in housing that is either not affordable (costs over 30% of household income), inadequate (needs major repairs), or unsuitable (crowded), and the incidence has risen since 2006, particularly for older adults who live alone.

- Seniors are more likely to drive (55%), or be driven (3%) to work than to use public transit (31%).
IV. INTERVIEW AND FOCUS GROUP FINDINGS

OUTDOOR SPACES AND BUILDINGS

It is no exaggeration to say that snow and ice have a devastating impact on the lives of many seniors. It was impressive in interviews and focus groups how much ice and snow came through as a source of major preoccupation in the lives of older NDGers. Along with transportation, inadequate winter street maintenance was the top barrier to mobility and social participation, isolating them at home, and increasing their reliance on others.

Being mobile in the community provides numerous benefits in the form of physical activity and social contact, and can extend people’s ability to live independently in their homes. As we age, physical and cognitive changes can make it increasingly challenging to meet the demands of daily life, such as walking to the bus stop without stopping to sit down, climbing over snow banks, or into deep swamps of slush at street corners, standing in line at the grocery store checkout, or running a few errands without having to find a loo. Age-friendly features of the urban landscape and built environment include the walkability and safety of roads and sidewalks, the proximity and accessibility of public service buildings, transportation, businesses and parks.

In the course of this community assessment NDG has been undergoing major infrastructure upheaval, with the construction of the MUHC “superhospital” at the Glen site, and the reconstruction of the entire Turcot Interchange-- the largest road project in Quebec history in our back yard. While both these projects have primarily affected the southeast of NDG, the scope of its impacts in the form of traffic congestion, noise and air pollution are felt almost throughout the neighbourhood.

We know that in NDG, maintenance of local roads and sidewalks has been neglected for a very long time. A reorganisation of the snow removal system is being implemented by the City in 2016, which will allow it --not the boroughs-- to decide when snow removal operations are deployed, although this change is not expected to improve conditions in NDG. It is noteworthy that the borough has made record investments in road and sidewalk rehabilitation projects, and an extensive Road Rehabilitation Program is underway in 2016, which will include some, --but not enough-- speed bumps and sidewalk extensions. In recent years the City has fallen short of its goal, but has made lights at some major intersections safer for pedestrians, and the speed limit has been reduced to 40km on major arteries.

The outside environment and public buildings have a major impact on the mobility, independence and quality of life of older people and affect their ability to age in place

WHO 2007
infrastructure projects that are age-friendly are planned for the more distant future, including the Quartier Vert et en Santé initiative for NDG, which calls for more pedestrian-friendly infrastructure such as sidewalk extensions, greening and landscaping.

**We asked:**

What is it like to step outside of your home to go for a walk to get fresh air, run errands or visit? What is it like to go into buildings, such as public offices or stores?

**NDG Strengths in Outdoor Spaces and Buildings**

Services - bus stops, supermarkets, pharmacies, restaurants and stores of almost all kinds - are plentiful in NDG and within walking distance for many. The St. Raymond neighbourhood is a notable exception to this.

- There is a relatively good mix of residential and commercial spaces
- Sidewalk curbs and cuts are well placed
- Pedestrian lights have been lengthened at many intersections
- Four-way pedestrian lights have been installed at some intersections
- Bike paths separate cycling from other traffic
- Parks are appreciated
- NDG is generally safe from crime and police service is adequate
- Public buildings have ramps and other accessibility features
- Some churches and older commercial buildings are retrofitted with lifts and ramps
- Some banks will let clients wait sitting down and have excellent service for seniors
- The only automatic teller machine in St. Raymond (Caisse Populaire) has been closed, forcing seniors there to travel much further to reach a banking machine
- Most restaurants are fairly accessible
- Some storefronts ensure their walkways and entrances are cleared of snow and ice
- Some supermarkets offer delivery
- At least one supermarket has motorized carts available for customers with mobility limitations
- Pharmacies offer free delivery

- *I probably wouldn’t be able to live independently if not for proximity to things I need.*
- *In St. Raymond, the dépanneur is the only place I go.*

(St. Raymond boomer)

Focus group participants
- On my street, the sidewalk is sloped toward the street and broken. I have already fallen. I twisted and broke my foot. They don’t repair sidewalks and streets. Upper Lachine is horrible.
- Just walking to the supermarket I get tired and need to sit down.
- When it’s icy or there are big snow banks I don’t go out, not even if (the Transport Adapté) drivers help.
- In winter I reduce my outings by 50%. I postponed dental appointments three times this winter.
- Ice is my biggest worry... most winters I fall once or twice, and go around with something hurting.
- Side streets are sheer ice... Several days this winter I phoned and cancelled commitments.
- The overpass doesn’t get cleaned of snow for a long time. It’s sometimes icy and I have to cling on to the fence.

Focus group participants

Gaps and Challenges in Outdoor Spaces and Buildings

 فهي

- Design and Maintenance

  • Snow clearing on roads, sidewalks and the foot bridge over the train tracks is slow and not thorough, and delays lead to formation of ice
  • Snow banks are often not removed at bus stops
  • Snow removal vehicles on sidewalks drive “like maniacs”
  • Water and slush build up in deep puddles around street corners instead of draining
  • There are not enough benches along sidewalks
  • In winter, benches are inaccessible or covered with snow
  • Sidewalks and roads are in disrepair (need repaving, not patching)
  • Some sidewalks are not wide enough (to pass, to stop and talk, or to walk beside someone with a walker or wheelchair)
  • Lighting is insufficient in winter in some areas (can’t see traffic or the cracks/pot holes in the sidewalk)
  • Cyclists use the sidewalk, or don’t have lights at night
  • The area around Cavendish and Sherbrooke is extremely windy and therefore dangerous
  • The Melrose tunnel is not easy to use for people with mobility problems
• Most public and commercial signs are in French only

❖ Intersections
• There are not enough pedestrian crossings (long distances between them)
• Some traffic lights do not have pedestrian countdowns
• Many pedestrian countdown lights are too short and don’t give pedestrians time to cross
• Drivers do not respect lights or yield to pedestrians
• Intersection road paint is faded and not visible or useful as a sight path for the hard-of-seeing
• Seniors need education on pedestrian safety
• Audio signals are too few, and too low (not audible)
• Cyclists run red lights and ride on the sidewalk

❖ Crime
• Certain areas of NDG are thought to be dangerous and unsafe to walk through at night (e.g. Melrose tunnel, St. Raymond, and the area around Fielding and Walkely)

❖ Parks, green spaces
• There are not enough parks and green spaces
• Pathways are in decay
• Parks are underused for community gatherings (If you don’t have children or dogs you may not meet people)

❖ Public buildings
• Not all public buildings have automatic doors and some of the doors are too heavy
• In some public buildings the buttons for automatic doors are inconveniently located, doors open towards users instead of away, and they close too quickly

❖ Commercial services
• Stores, supermarkets and pharmacies do not have enough chairs or benches, if any
• There are sometimes long line-ups with no way to sit down
• Doorways of some buildings are too narrow for walkers
• Many buildings have no elevator
• Ledges on stairs catch walkers and carts
• There are no public toilets in stores or they are located down precipitous stairs
• Many restaurants will not allow non-customers to use their toilets
• Many grocery stores offer inexpensive delivery, but there is a minimum purchase, and you cannot order on line or over the phone
• Big retailers like Canadian Tire don’t offer delivery
• Dogs are not allowed in many stores and banks
• The Royal Bank has eliminated the bench and teller for seniors
• ATM machines have nowhere to put a cane
• ATM machines are not accessible for sight impaired (even at post office)
• At grocery stores the aisles are too narrow for large grocery carts (you can’t get past them)
• Notice boards have been eliminated at grocery stores
• Signs, handouts and other communication are sometimes in French only
• Signs are too small to read – especially English ones
Age-friendly Recommendations on Outdoor Spaces and Building

**Municipal**
- Improve snow and ice clearing on streets, sidewalks and curbs, as well as storm water drainage at street corners, giving priority to bus stops and metro stations, health services, pharmacies and grocery stores areas with seniors-dense housing, and other areas most frequented by older adults
- Install benches at all bus stops and more on sidewalks, in hallways of public buildings, beside elevators, and anywhere people have to walk long distances or wait
- Implement traffic calming measures (speed bumps, raised crosswalks, etc.) and reduce speed limits
- Enforce traffic rules
- Create more crosswalks on major commercial strips where many older pedestrians currently cross without protection; consider raised crosswalks with clear signage
- Where possible, reduce crossing distances at intersections (curb extensions, traffic islands, etc.)
- Increase visibility at intersections by enforcing the 5-meter no-parking rule
- Repaint pedestrian crossings to increase their visibility
- Install pedestrian countdown lights wherever possible, with the timing adjusted to allow safe crossing by those who are slow
- Increase the number of audio signals at intersections
- Initiate a pedestrian safety education campaign directed at older adults
- Consider widening sidewalks when repaving projects are undertaken
- Segregate bicycle traffic wherever possible
- Study ways to improve universal accessibility features of the Melrose tunnel and/or increase the number and accessibility of pedestrian crossings connecting the St. Raymond neighbourhood to the rest of NDG
- Improve accessibility of doorways and automatic doors

**Commercial**
- Improve the supply of seating everywhere possible, including beside elevators and at checkout lines
- Improve accessibility of building entrances for people with walkers and wheelchairs
- Make washrooms as accessible as possible on the ground floor and available to non-customers
- Install elevators wherever possible
- Offer low-cost delivery
- Improve accessibility of bank

- You can’t use the washroom unless you’re a customer... Here you are in trouble and you’re being asked to leave because you’re not buying.
- If the world were full of benches and bathrooms my life would be different.
- I don’t like leaving my dogs at home... I try to give my business to ones who accept dogs. I used to go to the Royal Bank and one day they didn’t accept dogs so I changed to CIBC.

Focus group participants
machines (e.g. audio, cane hook)
- Consider widening aisles in stores
- Include English text and increase letter size on public notices and signs wherever possible
- Improve accessibility of doorways and automatic doors
TRANSPORTATION

Perhaps more than any other feature of urban life, the availability of appropriate transportation has a major impact on the lives of many older NDGers. Transportation not only links people to vital services but also connects people to each other. It gives access to jobs, recreation, community and health services and the spaces of civic decision-making, and is therefore key to social inclusion and active ageing. This research showed that having appropriate transportation and being mobile within and outside of the neighbourhood is a major cross-cutting theme throughout the eight topics discussed.

Transportation, including accessible and affordable public transport, is a key factor influencing active ageing. Being able to move about the city determines social and civic participation and access to community and health services.

WHO 2007

The automobile is still the preferred mode of transportation for older Montrealers—as drivers or passengers. This is not surprising, partly because Montreal has such a long way to go to provide public transportation that is inclusive of disabled and older people. As a decline in health accompanies the process of aging, many NDGers may feel that they are no longer able to drive. Others cannot afford a car or don’t want one. As a result, they come to rely increasingly on the bus, metro and para transit services (Transport Adapté) of the Société de Transport de Montréal (STM).

A virtual metro “desert” within the inner city, NDG is a bus dependent neighbourhood. The Quebec Government’s and the City of Montreal’s cuts to STM funding have increased pressure to raise fares and to reduce the quality and quantity of services –especially bus service— across Montreal. This is clearly diminishing the ability of older NDGers to access basic amenities and to live active and healthy lifestyles.

The STM allows people age 65 and older to travel at a preferential rate, which is undoubtedly providing many social benefits. Nonetheless many older NDGers view cost as a significant factor limiting their use of public transportation and this was noted especially in the case of low-income baby boomers (under age 65) whose revenue on social assistance is lower than that of the poorest seniors living on government pensions.

At the same time, it should be pointed out that for many older people in NDG, the reduced fare is helpful only to the degree that there are enough buses to take and seats on the bus once they board. Higher thresholds of crowding have been set by the STM to adjust to a shortage of buses on the road, and new vehicles seem to be designed with less seating, not more. Many older people find themselves dealing with longer waits and fewer available seats.
on ever more crowded buses. This research showed the impact of this reality - as well as other important factors - on the safety and comfort of older NDGers who use the public transit system, and on their willingness to take the risks involved in using it.

Many NDG seniors rely on and appreciate Transport Adapté --the STM’s special para-transit service for those who cannot use regular transit - despite its many pitfalls. But while demand for its services inevitably increases in an aging city, inadequate funding limits the number of new users the program can admit. The result is a large crack in the supply of public transportation through which a substantial chunk of the NDG population is falling because they are too fit to qualify for para-transit, and too disabled to use regular transit.

Of course the automobile and taxi industry help meet the demand for more accessible transportation, but for lower income people and those who can’t drive, caregivers must fill that gap, along with volunteer drivers from churches and the community sector.

We asked:
Describe your experience using public transportation in NDG. What is it like to get around in the community?

NDG Strengths in Transportation

- NDG is very well covered by bus routes, making it easy to get around compared to less dense neighbourhoods on the Island. With few exceptions, residents do not have to travel more than about 250 meters from their homes to reach a bus stop. For many older NDGers, this is walkable.
- NDGers use buses, and to a lesser extent the metro, to move about the neighbourhood and the city
- Several east-west bus routes link passengers to the metro system
- There is a reduced fare for people 65-plus
- Some bus drivers are polite and go out of their way to be helpful
- Some bus drivers wait for passengers to sit down before moving the bus, pull up right to the curb at stops, call out the street names, and even speak English to passengers
- Most passengers are courteous and offer their seats to fellow passengers who show obvious signs of old age or of mobility limitations (e.g. gray hair, a cane or walker)

- Once on a 24 bus the driver was calling the stops bilingually.
- One bus driver actually announces stops – much appreciated because often you can’t see what street is coming up
- I use both Communauto and public transit. I love it!
- I usually get a seat in front. If there’s no empty seat someone usually gets up. I get a seat behind the bus driver or the next one.

Focus group participants
- People on buses and drivers are enormously gracious. They always offer me a seat. 
- I LOVE Transport Adapté. It’s an absolutely wonderful service that’s made a huge difference in my life. I can go anywhere I want... The people who take reservations are efficient and nice. And they speak English.

Focus group participants

- Transport Adapté service allows people with the most long-term, serious mobility limitations to get around
- STM tickets can be bought at many convenience stores (depanneurs) and pharmacies
- Letters to the STM by snail mail receive a response, even in English, and requests for improvements from users are sometimes granted
- Cyclists, pedestrians and some motorists appreciate the bike paths
- Handicap parking spots are plentiful
- Accessing STM information on the Internet is easy
- Atlas taxi is praised by many seniors for its helpfulness and punctuality
- Car sharing has potential for seniors who drive but who don’t have a car, and can use the technology to book vehicles
- For people in need who are not eligible for STM Para transit service or whose applications are pending, and/or those who need accompaniment, NDG Senior Citizen’s Council has a program to provide transportation accompaniment for medical motives (Accompagnement-transport pour motif medical). Action Transport provides volunteer door-to-door transportation to medical, dental and physiotherapy appointments for older low income NDGers who are unable to use STM, ensuring that low-income seniors are able to follow their prescribed treatments.

Gaps and Challenges in Transportation

Public transportation

❖ Affordability

- Public transit is unaffordable for many low-income boomers and also for some seniors (despite the 65-plus discount fare); this reduces their access to health, social and community services, and social opportunities, and contributes significantly to their isolation
- Travelers making more than one stop in the same direction must pay each time they board the bus or metro
- I walked from Mariette to the Queen E. Complex because I had no money for the bus.... In half block I went from normal length strides to shuffling. I was given a prescription for a cane, (but) crossing the street my leg gave out and I fell. I also had to walk to the CLSC because I didn’t have money to take the bus.

(Boomer on social assistance waiting for hip surgery)

- Some people walk here (the NDG Food Depot) from far away because they can’t afford a bus ticket. Some of those people are over 50 years old. Fitness is good if you can do it but sometimes they aren’t in good health and it’s really cold and they don’t have all the winter gear.

Key informant

- Proximity, frequency and reliability of public transportation

  - NDG is underserved by the metro system, having only two stations, both located at the far east border of the neighbourhood; NDG is a highly bus-dependent neighbourhood
  - On some routes the buses are very infrequent, running as seldom as every half hour (162, 63, and the 102 were mentioned)
  - Infrequent buses make waits which are too long in the cold or the heat, and especially in the absence of benches and shelters
  - Buses are not on time as per the schedule, or do not show up at all (“bus phantoms”)
  - Buses are bunched together (the 105, 24, 51)
  - Buses pass without stopping because they’re too full to take on more passengers

- I even waited 45 minutes in the sun next to Esposito to go to the Catherine Booth for physio. Then two buses came at the same time. I missed my appointment. –A boomer recovering from hip surgery

- I live in front of the 51, a “10 minutes max,” but it’s not true. Returning home at rush hour there were four bunched together.

Focus group participant

- Standing is no joke. Times to connect do not fit. They’re supposed to but one is late and the other is early.

- I had to go to the CLSC every day. I’d be waiting for the 102, then for the bus on Cavendish. 45 minutes to get there and 45 minutes back. There’s not always a bench.

- I’m not sure how I would get from Vendome to the hospital. I’m not sure if I could walk. I would take a taxi.

Focus group participants

- Routes and connections

  - Bus routes appear to be designed to serve riders travelling downtown and back, and there are not sufficient north-south routes (e.g. getting from Monkland to Sherbrooke there are few
- I get off the metro at Villa Maria and walk to CSL Rd. for the 66, but have stood waiting for the bus for half an hour. There’s a wall to sit on but no bench or shelter. In winter, I wouldn’t wait.

Focus group participant

- Connections between some bus routes are not a good “fit” for timing, involve crossing a major artery or have no bench to ease the wait
- Access to hospitals in Côte-des-Neiges, downtown and NDG involve one or more transfers from almost all NDG locations
- Only one bus serving the MUHC Glen site brings passengers to the hospital doors (the doors are a long walk from the Decarie Boulevard bus stop), and this bus does not serve NDG
- From de Maisonneuve Blvd. at Vendôme metro there is no public transportation to the MUHC Glen hospital site
- The tunnel connecting the Vendôme metro station to the Glen buildings is long, not accessible for walkers or wheelchairs and has no benches

Shelters and benches

- Waiting for a bus is difficult in the heat and cold, especially when there is a lack of shelters and benches. Where there is no bench—or the two-seater shelter benches are in use—commuters have to wait standing up
- There is no bench or shelter at the east-bound 24 bus stop on Decarie and Sherbrooke where it connects with the 105
- There is no bench or shelter at the 66 stop at Cote-St-Luc Road and Decarie.
- Benches are dirty or inaccessible because of snow and ice
Crowding

- Buses are overcrowded, making it difficult to find a seat, and forcing passengers to stand (especially the 90, 103, 104 and 105)
- Many NDG boomers and seniors with arthritic knees, painful hips, stiff, sore backs, fatigue, or difficulties with balance, cannot stand on a moving vehicle for very long, due to discomfort, pain or the risk of falling
- Buses are overcrowded, making it difficult to manoeuvre one’s way toward the back
- Buses are overcrowded and drivers sometimes have to refuse additional passengers

Seats and civility

- Designated seats at the front of buses are often taken by people who appear not to need them
- Designated seats are already taken by other people who need them
- Youth are the least likely to offer their seats to seniors
• Teenagers push and shove and wear large back packs that are difficult to pass behind, and that smack other passengers as they pass.

• Passengers bottle up at the front of the bus and block the entrance (some because they cannot move down easily without letting go of the bars and risking a fall).

❖ Lurching and safety

• Often the bus driver does not wait for a user to grab hold of a bar – let alone sit down - before accelerating.

• Sudden jolting movements of the bus cause falls and injuries.

• It is common for people to fall on the bus when it lurches.

❖ Bus drivers

• Some bus drivers don’t pull in close enough to the curb (one woman said she fell while attempting to get off a bus that was too far from the sidewalk).

• Some drivers do not lower the bus to allow riders to get on and off.

• Drivers refuse to speak in English (considered rude by users).

• During their breaks, some drivers do not allow passengers to wait inside the bus, regardless of the weather.

- Young people are often not aware. They’re on their iphones. The young people look away. I never ask for a seat because I’m afraid they’ll say no. People look the other way when they see me with my grey hair.

- The 90 bus is worst with students. Students are supposed to offer me a seat and they don’t. I’m not going to ask them.

- The bus driver stops and opens the door and I just tell him to go ahead. I don’t like to squeezed. It’s uncomfortable. I have to find a seat because of my spine.

- When I take the 90 to go to Vendome it is 2:30 at the latest coz at 3 there is no room on the bus. Starting at 5:30 the bus only passes every half hour. If you’re not on time you have to wait.

Focus group participants

- The bus lurched and I was not hanging on. I fell and cut my head. There was blood everywhere. I needed to get stitches. At the Hotel Dieu they said it happens a lot.

- I was on the 103. As I got on there was another woman and I let her sit on the designated seat. When the bus took off I fell down. I spent two weeks in the hospital with injuries to my shoulder and hip… My children don’t let me take the bus anymore because of it.

Focus group participant
- The bus driver takes off before you can sit in the first seat. They don’t give you a chance. And there’s nothing to hold on to.
- Sometimes you get on the bus and it starts off and your gonna wipe out before you get a seat. You must hold on tight, wait ‘til they stop and then find a seat.
- If you’re standing and you don’t have a good grip on the rail and the bus lurches, good luck not hitting the front windshield.
- Someone gets up and gives me a seat. If not, I hold on and stand perfectly still until I can manoeuvre.

Focus group participant

- People are waiting in the cold or heat but they don’t open the door and let you in.
- They don’t lower the bus and you need help from someone to hold your hand.
- You have to practically beg to get them to lower the bus.
- Some see you’re an anglo and you get the double rudeness. ... we’re anglos and we deserve respect.

Focus group participants

- The new buses have fewer seats, and not enough of them are designated for people with limited mobility
- The seat at the front, behind the driver is too high.
- Backward facing seats are unpopular because passengers can’t see when their stop is approaching
- Seats need better cushioning for people with spine problems
- Inward-facing seats “throw you the wrong way” into other passengers
- Seats that snap up are hard to manipulate, especially when one doesn’t have a spare hand
- Buses are too hot
- There are not enough loop straps, loop straps are too high and not firm
- The size of route numbers on the exterior of buses is too small for the visually impaired

- Sometimes the Villa Maria escalator is down for a week or more, which meant that when I had a bad knee, it was a problem.
- I need a toilet in the metro because I take diuretics. So I go to Capoli and buy something so I have the right to use the toilet. In Paris they have public toilets with a « dame-peepee »

Focus group participants

Vehicle design

Metro

- Metro station doors are far too heavy to open, especially when there is wind
- Many seniors fear falling down the stairs
- The hardest thing is to estimate the time of return.
- I've seen people waiting for hours and hours, alone.

Focus group participants

\[ ^{-} \text{Transport Adapté does not take Joe Blo who's going through chemo... You have to be pretty much non-functional to qualify.} \]

Key informant

\[ ^{-} \text{It's difficult... I had operations on my back and on my legs. I was turned down twice until the doctor wrote a letter.} \]

\[ ^{-} \text{It's common to hear from patients about balance problems, gait problems, fatigue. You have to go to the hospital but it's a nightmare. It seems access to Transport Adapté (para transit) is very limited... There are no transportation options for my patients.} \]

Focus group participants

\[ ^{-} \text{Para-transit (Transport Adapté)} \]

- Eligibility criteria\(^{36}\) for Transport Adapté do not seem to adequately recognize many mobility limitations
- There is a long waiting period for an answer on eligibility
- Users must book trips in advance, leaving little room for spontaneity, and the difficulty of estimating with accuracy the time of return trips makes this requirement hard to fulfill
- There is a half-hour window for pick-up (if you have a doctor’s appointment at 8 you have to plan to get there at 7:30)
- Waiting times for the van can be very long (although one informant said that they usually warn you when they’ll be late)
- Service is unreliable
- Drivers will not take cash

Information, complaints and customer service

- Accessing information on the phone in English can be difficult
- Without technology it can be difficult to know the bus schedule: printed schedules are often unavailable except at metro stations; at bus stops schedules are often illegible
• Not enough stores sell bus tickets (tickets not available in some neighbourhoods)
• To buy a senior’s OPUS card one must go to Berri or Lionel Groulx stations, or to Pointe Claire for a photo ID
• Telephone complaints to the STM go to voicemail, and there is no follow-up or even acknowledgement of receipt

Private and volunteer transportation

❖ Cycling

• NDG roads and bike paths are rough with cracks and potholes, and lines are in need of painting
• The “Vendome danger zone” is scary
• There are not enough Bixi bikes available at the stations
• Bixi bicycles are too heavy to maneuver

❖ Driving

• Driving or being driven in a private automobile is the preferred means of transportation for people with a physical impairment, or when people have things to carry (e.g. groceries or library books), when they go out of town, when it’s very cold or when their destination is not well covered by transit.
• Potholes and traffic cones are ubiquitous
• Traffic jams are a growing problem as major routes are inaccessible due to infrastructure work
• Seniors and their caregivers often cannot find a place to park that is close enough for the senior to walk home or to other destinations
• Parking is expensive (especially at hospitals)
• Parking meters are confusing
• “No parking” signs are incomprehensible (you don’t know which way arrows are pointing)
• Some roads are not well lit
• Other drivers are rude and pushy and honk a lot
• Digging out the car from the snow is a problem

❖ Taxi

• Cabs are expensive
• Some taxi drivers are rude
• There are not enough taxi stations and it is hard to hail a cab
• Often cars are too low or too high to the ground (to get in and out of)
Transportation accompaniment

- NDGSCC’s Action Transport program is funded by private donations and cannot meet the demand for transportation for medical purposes, let alone for other important purposes

Age-friendly Recommendations for Transportation

Regular STM service

- Seek agreement at the municipal level to introduce in Montreal a reduced fare for low-income STM transit users, and advocate to the government of Quebec that the measure be adopted by the Autorité régionale de transport métropolitain (the new regional authority on public transportation)
- Take into account the aging population in transportation planning and evaluation to better reflect its growing proportion of Montreal, and consider the needs of people whose disabilities are not visible:
  - Reduce the crowding standard (*norme de charge*)
  - Make seats-per-passenger an important service quality indicator, and a central concern of the STM’s policy on Universal Accessibility
  - Increase the number of seats designated for people with mobility limitations and improve the visibility of preferential seating signage
  - In the design of new vehicles, increase the overall number of seats, and favour seating that is forward-facing and standard height
- Ensure that all bus stops have benches, and increase the number of shelters
- Keep benches and shelters clean and free of snow
- Make use of bus, metro and smart phone advertising opportunities for public education on passenger civility, and help create a norm where people consider the needs of others
- Train bus drivers in age-friendly service to:
  - Minimize lurching of the bus, and to allow people to sit down before accelerating
  - Pull the bus close to the curb at stops
  - Lower the bus when requested or obviously needed
  - Announce upcoming bus stops and ask passengers to move toward the back of the bus
- Consider installing fans,
air conditioning or other cooling devices on buses and metros
• Consider lowering horizontal bars and loop straps for people who cannot reach high
• Increase the text size of all important information inside and outside vehicles
• Install automatic opening devices on metro station doors
• Accelerate the installation of elevators in metro stations
• Increase the number and comfort of benches on metro platforms
• Install washrooms at metro stations
• Ensure buses are on schedule
• Re-organize bus routes so as to better meet the transportation needs of people who are not commuting to work downtown: increase north-south service, improve connections, and frequency of service, and reduce the number of transfers required for riders to reach hospitals.
• Establish a shuttle service between the Vendome metro station and the MUHC Glen site
• Allow Decarie Blvd. buses serving the MUHC Glen site to drop off passengers at the doors of the Royal Victoria Hospital

❖ Para-transit
• Expand eligibility criteria to include anyone who experiences pain, balance and strength limitations, or high risk of falling on regular transit
• Reduce waiting periods for admission
• Improve efficiency and reliability of booking and pick-up

❖ STM Customer Service
• Increase the number of OPUS card and ticket sales outlets
• Provide follow-up for complaints
• Improve accessibility of service in English

❖ Cycling
• Continue to develop the size and safety of the bicycle path network, and improve the availability of Bixi bikes

❖ Driving
• Reduce road congestion by developing the alternative modes of transportation
• Apply measures designed to reduce private car ownership without hindering the ability of people with physical impairments to use and park their cars near their homes and on commercial streets
• Consider a policy whereby each parking spot lost to pedestrian safety measures or public transit priority (sidewalk extensions, reserved bus lanes, etc.) is replaced by priority parking for people with physical limitations
• Create additional handicap parking spaces to compensate for parking spaces that are eliminated (e.g. due to pedestrian and road safety measures and reserved bus lanes)
Improving the clarity of no-parking signs

**Taxi**

- Educate taxi drivers in senior-friendly service provision
- Consider adding to the fleet vehicles that are higher from the ground

**Transportation accompaniment**

- Ensure STM or Quebec Government funding to expand volunteer driver programs so that these may serve seniors’ transportation needs for medical as well as for other purposes
- Explore options for collaborative agreements between hospitals, the taxi industry and community organizations to fill the need for transportation for medical purposes
- Explore options for an Uber-type service that provides assistance to seniors and that can be booked with “real people” on the telephone

*This transportation issue is going to have to be collaboration with the hospitals. We’re going to have to ask them to work together. Community can’t absorb (the cost) and neither can patients. When you’re sick transportation is just an added burden.*

Key informant
Most older NDGers interviewed expressed the desire to spend their remaining years in NDG—to “age in place.” Age-friendly neighbourhoods offer a range of housing choices which, along with home care, support services, and other age-friendly features, allow seniors to remain in their own homes or communities as they move from autonomy to relative dependency. Local housing that meets the needs of seniors makes it possible to prevent or postpone moving to a residence or long-term institutional care, which is costly to personal and government budgets, and may force people to leave the communities they call home, and the social supports that come with it.

One of NDG’s greatest built assets is the relatively good mix of residential, commercial and institutional buildings. With the notable exception of the St. Raymond area below the tracks, services are located relatively close to most residential streets. Good walkability and proximity to services is a crucial accessibility feature of housing, and supports an active lifestyle and independence.

NDG also has some good, highly sought-after affordable housing and social housing, some of which is nationally recognized. However, demand vastly exceeds availability. We do not know what the social housing deficit is in NDG, or how many seniors are on waiting lists for low rent apartments (HLM) in NDG. According to the OMH website, the City of Montreal had a list of 25,000 households (over 40,000 people) waiting for a regular or adapted unit.

Many older NDGers have little support from family or other informal caregivers. One in four NDG seniors is living alone. Many will eventually develop limitations that make it too difficult to walk to services, use stairs, maintain their homes, or care for themselves, and will need to move to an adapted dwelling or assisted living.

More than four in ten NDGers (all ages) are spending 30% or more of their incomes on shelter. This is includes NDGers of all ages, renters and owners combined. While some of the informants in this study are comfortable and well placed where they are living, others, especially lower-income seniors and boomers, report distress over the high cost of housing in NDG and a lack of options for finding a new home when the need arises. Key informants said

"Housing is essential to safety and well-being. There is a link between appropriate housing and access to community and social services in influencing the independence and quality of life of older people. It is clear that housing and support that allow people to age comfortably and safely within the community to which they belong are universally valued.

WHO 2007"
that there are many renters, including seniors and boomers, who are poorly housed in low-rent apartment buildings and rooming-houses in unsanitary conditions, which they tolerate because they know that if they leave they will not find another place in NDG that they can afford. As shown in the Profile in Numbers, about thirty percent of tenant households where the primary household maintainer is over the age of 55 are in housing that is either not affordable (costs over 30% of household income), inadequate (needs major repairs), or unsuitable (crowded).

When asked where they would move to if and when they could no longer stay in their current homes, several older NDGers in this study confessed that they hadn’t thought enough about it or planned. Others were in the process of downsizing to move, while others were dreading and avoiding it. Many said that they would not want to leave NDG because they have been here so long and their children and friends are here.

This study revealed that rising rents are making it difficult for NDG seniors to find a new place to live in the community when their housing needs change, and to continue living in their familiar neighbourhood at a time in their lives when being in a place they know, close to social networks is most important. Statistics do not show whether there is outmigration, but anecdotal evidence shows that some older NDGers are moving to apartments or collective dwellings in the Sud-Ouest borough and Verdun, while others who can afford to do so migrate to Côte-St-Luc and Westmount.

Annie Gosselin, housing organizer at the NDG Community Council has seen several cases over the years in which long-established NDG seniors were forced to move out of NDG as a consequence of the high rents. Some of them have had to leave apartments they had lived in for decades because landlords are renovating their dwellings. Even home owners may be leaving the neighbourhood once they sell their homes because of high rents and condo prices in NDG.

We asked:

Tell me about the house, apartment or seniors accommodation you live in.
If your needs change what are your choices for housing in NDG?
NDG Strengths in Housing

- There is a lot of housing in NDG that is very well located for seniors: near grocery stores, bus line, and other vital services
- People feel generally safe in their homes
- Having lived in the same house for many years with the same neighbours is a source of satisfaction, social capital and sense of belonging
- Some homeowners get help with maintenance from their neighbours
- Some renters (including HLM tenants) say their buildings are well-maintained
- NDGers have some good housing options on or near the borders of NDG, such as St. Patrick’s Square (on Côte-St-Luc Road) and Le Manoir (Westmount), which are frequently mentioned as desirable
- The Benny Farm location (mixed social and private market housing) is highly appreciated because it is multi-generational and close to services like supermarkets and organized activities, and for its affordability (Benny Farm has 237 units for seniors)
- NDG has some much-appreciated social housing for seniors (in fact, five HLM buildings (Habitations à loyer modique/public low-rent housing) for seniors, totaling 513 units, 29 of which are adapted,

- For information on tenant rights and protections, NDGers use the NDG Food Depot’s weekly tenant info sessions offered by the NDG Community Council or Arnold Bennett’s Tenant Info Hotline and Clinic. A new service, Logi Action NDG, will soon open.
- NDGers also use a similar service offered by Project Genesis in Côte-des-Neiges, which also holds workshops on coop, non-profit, and public housing
Gaps and Challenges in Housing

❖ Location

• Some HLMs and seniors’ residences are not located close to important services

❖ Rising shelter costs

• Rising property taxes are being felt by homeowners
• Rents are also increasing and there are fewer and fewer modestly-priced apartments available
• There are even fewer affordable dwellings without stairs, and which accept pets, for low-income seniors who want to stay in NDG

❖ Displaced and Uprooted Long-Term Residents of the Neighbourhood

• Some areas of NDG appear to be undergoing gentrification fuelled in part by the establishment of the new super-hospital
• In recent years, the NDG Community Council has seen numerous low income NDGers – including seniors - seeking help to fight eviction from apartments being renovated or converted. Many have had to leave NDG. The NDG Community Council suspects that these cases are only the tip of the iceberg and that there is a trend underway

The new hospital is not good for me... I’m being evicted because the owner wants to renovate and not compensate me...I’ve been here 37 years; I’m 72 and have a dog. I’ll probably have to move to Ville Emard or Lachine because I’m on a low income and it’s hard to find something in NDG. It undercuts you at the most awful level because that apartment holds my whole life.

Focus group participant

❖ Bad Landlords

• Conflicts with the landlords arise from their failure to maintain and make normal repairs to their units. There’s a lot of tension and seniors are particularly vulnerable
• Some seniors are harassed and intimidated by their landlords and this often appears to be a strategy to force tenants out in order to renovate or ‘reconfigure’ their units.

• The Régie takes a very long time to deal with slum landlords.

- Sometimes the elevators don’t work, so if I get more mobility problems, I will move to a seniors’ residence.
- I rent a third floor walk-up; there are 4 flights to the laundry in the basement so I’m looking for a building with an elevator I can afford, but it’s difficult. I’ve looked all along Sherbrooke. They’re horrible places, and expensive.

Focus group participants

❖ Stairs

• There is a lack of private market rental housing with elevators, and where they do exist, elevators often do not work.

• Many seniors find themselves in the position of having to move because of declining health combined with inaccessible buildings (e.g. lack of elevators).

❖ Ban on Pets

• Pets are the most “significant other” in the lives of many seniors, and in NDG it can be extremely difficult for pet owners to find rental housing. The options are even fewer for low-income seniors.

• The difficulty of finding rental apartments that allow pets is a deterrent for some seniors who would otherwise move to more suitable housing, or forces them to abandon their closest friend.

- I had to give up my dog when moved here because the apartment would not allow her; they allowed a cat, which I had.
- I can’t find another similar place because of my dogs and affordability.

Focus group participants

❖ Insufficient Social Housing

• Low-cost housing for seniors in NDG can’t meet the demand.

• There is a long waiting list for social housing and when units become available it might be located in another borough –away from friends and other support networks.

- I haven’t even sent in the form for public housing because the wait is five years long and I could be dead.
- At the Monkland centre, I’ve been trying to get in for five years.

Focus group participants
**Modifications & Maintenance**

- Senior home owners have to pay for services such as major and minor repairs, and maintenance such as gardening, mowing, snow shoveling, and painting.
- It can be difficult to find a good handyman.
- Contractors rip off seniors.
- CLSC provides advice for adapting one’s home to mobility needs, however modifications are not always possible; some houses lack the structural preconditions.
- Many NDG duplexes have basement problems and mold is a big problem. Many people are living in mold-infested buildings.
- A Citywide bedbug epidemic is affecting seniors too and many can’t cope with preparing for bug extermination.

**Planning for the future and moving**

- Many seniors haven’t thought enough about or planned their next move. Some said that the prospect of downsizing and moving was overwhelming.
- Many seniors don’t have the emotional and physical capacity to sort through a lifetime of accumulated belongings.
- It is difficult to find affordable help for downsizing, packing and moving.
- Lack of planning for ageing and declining health forces some seniors to move in a crisis.

**Age-friendly recommendations on housing**

- Stimulate the creation of more accessible housing in NDG for autonomous seniors, such as St. Patrick’s Square and Benny Farm.
- Create more OMH subsidized or HLM accessible housing in response to long waiting lists.
- Make mandatory the application of the “inclusion strategy” 40 for new residential projects (15% social housing).
- Increase the percentage of units of social housing required under the inclusion strategy.
strategy to better respond to the needs of the neighbourhood

- Do not permit developers to opt instead to make a contribution to the fond de logement social
- Require that developers create social housing units on site, and on the same timetable as market rate units
- Support the creation of new kinds of senior co-housing, such as Rêve bleu, a women’s coop in Verdun, and Cohabitât Quebec, a semi-communal housing project in Quebec City
- Support education about and facilitate shared housing arrangements, such as a Golden Girls Network and Radical Resthomes
- Change OMH policy so that seniors aren’t bumped to the bottom of the waiting list when they decline housing outside their requested neighbourhood
- Support capacity building of participatory governance, planning and management in social and non-profiting housing, and leadership development
- Consider ways to improve the quality and increase affordability of home repair and renovation services
- Eliminate no-pet clauses in leases and find alternatives to protect landlords from damage to their units

For further research, explore the hypothesis that the availability of suitable and affordable housing is a factor behind the very dissimilar growth patterns in the senior populations of NDG, CDN, the City of Montreal and the CMA – *ie.* are seniors leaving NDG to find housing?
RESPECT AND SOCIAL INCLUSION

All eight topics discussed in this age-friendly assessment raise the issue of respect and social inclusion. Snow and ice, crowded public transportation, and technological barriers are just a few obstacles to social inclusion of older people. Making a community’s infrastructure, transportation and housing more age-friendly, for example, is a way for society to foster inclusion of older people and demonstrate that they are valued.

When we speak of respect and social inclusion specifically with regard to older adults however, we usually refer to questions of ageism, discrimination and social attitudes related to disability and ageing. Our society highly values youth and independence, and this is ingrained, pervasive and internalized by older people. Some interviewees in this study revealed that they regard their own ageing and the attendant increasing needs for accommodation as somehow unseemly, and prefer to hide or deny them, even when this means their needs may go unmet. For example, men admitted that they refuse offers of a seat on the bus, even when they need one-- as a matter of pride. Others actually found such gestures insulting, and still others said they were loath to ask someone for a seat. Does our society devalue older people because we perceive them as helpless, needy, or --particularly women-- unattractive?

While most – not all - informants described NDGers as courteous and helpful, many of the realities recounted show that in subtle but important ways we are not always respectful and inclusive as a society. Certainly the marginalization that many NDG seniors and boomers experience is more complex than ageist attitudes alone. Every day community organizations see how age intersects with income, gender, race, physical and mental health, language group and individual idiosyncrasies to limit the number and kinds of spaces in the community that are truly welcoming.

Good health and financial sufficiency clearly increase opportunities for

I always get offered a seat on the bus. I must look decrepit.

Focus group participant

Social Inclusion is the extent to which older people are able to participate in the social, civic and economic aspects of their community. It includes things like being treated with respect and being accepted by everyone in society.

WHO 2007

- When people see you’re in difficulty they come and help.
  People are extremely helpful.
- I can do pretty much anything I want and feel welcome.

Focus group participants
inclusion for older NDGers. Conversely, ill health and poverty are likely the most formidable obstacles to social inclusion, and one often occurs as a consequence of the other well before the usual age of retirement. This research showed that financial strain compounds the challenges of coping with age and illness, and revealed that older NDGers, including baby boomers who are living on social assistance, seem to suffer from isolation and loneliness due to ill health combined with extremely low incomes.

We asked:

In what ways does your community show, or not show, respect for you as an older person?

In what ways does your community include, or not include you as an older person in activities and events?

**NDG Strengths in Respect and Social Inclusion**

- Borough Mayor Russell Copeman has created an advisory committee on seniors for consultation on issues affecting the older population
- People in NDG are generally very kind, polite and helpful
- Anglophones feel comfortable and included in most NDG spaces
- Churches and community organizations are places of respect and social inclusion, especially for older, English-speaking NDGers, providing accessible and affordable opportunities to take part in programs, projects and events as participants, volunteers and service consumers
- Churches and senior’s organizations provide programming for an ethnically diverse population of seniors with different levels of ability, and organize events and outings that take into account the accessibility needs of participants
- The Boomer Café (NDGSCC) offers a range of activities (from yoga and mindfulness to museum tours and trips to the theatre), moral support and a sense of belonging for low income NDG baby boomers, many of whom are suffering from illness and disability
The NDG Food Depot welcomes all NDGers, creates a stimulating and welcoming environment at no cost, and reaches out to the most isolated NDGers, including a significant number of older people and people with mental illness.

Less expensive cafés and eateries provide a warm and informal meeting place for boomers and seniors.

Senior-specific exercise classes are offered in many neighbourhood settings.

Social isolation is an issue: people don’t have the opportunity or they have difficulty socializing with others... We see people who are quite depressed and anxious. There are people who come here who have had long-standing mental health issues, for sure.

Another big issue is depression and loneliness; people living with not much money and going through difficult times. They’ve lost contact with friends and family for one reason or another; they’ve tapped out their resources and personal networks from needing help. Families sometimes cut them off at some point.

Key informant

Gaps and Challenges in Respect and Social Inclusion

- Low cost eateries have been disappearing in NDG (e.g. Dunkin’ Donuts, Murrays) and there are fewer and fewer affordable places to meet with friends over coffee.
- NDG organizations offer many programs and activities for “families” from which older people are implicitly excluded.
- NDG has few programs and activities targeting baby boomer-age people.
- Community activities are less successful in encouraging the participation of older men.
- NDG has few social opportunities for people with noticeable mental health problems.
- Businesses are slow to adapt their goods and services to the needs of the growing senior market.
- No-pet clauses in leases mean that older people with a dog or cat are barred from the majority of rental stock, or are forced to give up their companions and cannot enjoy the social and health benefits of having a pet.
- NDG has few indoor private or public spaces where pets are allowed, so those who are isolated or lonely cannot benefit from the company and emotional support of their “best friend” when they are in public.
- Many children and teenagers are rude and disrespectful to elders.
- Some older NDGers feel that youth are not interested in shared activities.

In Papineau I felt uncomfortable speaking English. Not here. In NDG people accept you if you speak English.

City institutions are French-oriented and I don’t feel comfortable participating. In the library they speak mostly French. They’re not bilingual.

Focus group participants
• The City and Borough expect seniors to have the strength and stamina of younger residents (e.g. to maneuver large recycling bins, to sit through long Borough Council meetings into the night, and to ride the bus standing up)
• City/borough employees are sometimes impolite or unhelpful, and often are not bilingual
• Some older Anglophones experience Francophone institutions, such as the municipal library and the Maison de la Culture, as unwelcoming environments.
• Some (bilingual) Anglophones feel excluded from the job market, especially the public sector

Age-friendly Recommendations for Respect and Social Inclusion

• Make NDG’s physical environment more conducive to mobility (see Outdoor Spaces and Buildings, and Transportation)
• Ensure that Mayor Copeman and his newly-created senior’s advisory committee invite input from various sectors in the community and keep the population informed of their progress (see also Civic Participation and Employment)
• Pursue opportunities to make public participation in borough affairs more amenable to older NDGers

There are not enough nightclubs and opportunities to get together with others that take into account all the barriers, like transportation and cost
Focus group participant

Not everything costs money but a lot of social stuff costs money. Even if it’s a free event, if you can’t afford to get there, you can’t go... That’s where the social exclusion comes in with poverty.
Key informant
• In Municipal political, recreational and cultural institutions, create more opportunities and a welcoming environment for older NDGers—in particular low income English-speaking ones (e.g. free of cost, daytime hours, bilingual reception and activities, easy access by public transportation, and availability of parking)
• Encourage the Borough to hire mature workers whenever possible
• Create more community programs and activities targeting people in their 50s and 60s
• Create more opportunities for inclusion for men, people with mental health problems, and people accompanied by their pets
• When appropriate, seek out the participation of single, older adults in community activities for families
• Ensure the retention of commercial gathering places (e.g. eateries, shops) that are financially accessible to low-income people
SOCIAL PARTICIPATION

Research on ageing has shown that taking part in meaningful and purposeful activities along with others in the community allows seniors to give and receive, to continue contributing to their communities and have a sense of belonging. As a component of “active ageing,” it creates and sustains friendships and support networks, and has a major influence on health and quality of life.

Social participation is understood here to refer to the opportunities in the community to take part in activities, events and other gatherings, and the degree to which they appeal to older people, and accommodate the diversity of their needs related to cost, times and locations, transportation and information.

Our research shows that older NDGers have a fairly good range of social activities to choose from, and that the usual barriers of snow and ice, and lack of appropriate transportation are paramount in influencing their ability to take advantage of them. Other factors, including the nature of activities themselves, awareness of them, and their affordability and accessibility, also arose as determinants of the level of social contact and involvement and the quality of older NDGers social lives.

Many older adults who have very low incomes, are house-bound or mentally ill are particularly isolated, lonely and at risk. Some socially isolated older adults need someone to go with them when they leave their homes— for company or for help. Many caregivers of
seniors – often boomers or seniors themselves — cannot take advantage of opportunities for social participation and become isolated because their caring role is very consuming.

We asked:

How easily can you socialize in NDG?
Tell me about your participation in educational, cultural, recreational or spiritual activities.

**NDG Strengths in Social Participation**

- A range of public, community and private organisations in NDG hold social, recreational, cultural and spiritual gatherings that include, or specifically target, older people
- For adults who are mobile, there is a wide variety of intergenerational programing used by seniors, from libraries and the YMCA to the NDG Food Depot, the Quebec Federation for the Blind and Concordia’s Oscar Peterson Concert Hall
- There is a wide variety of organised activities and things to do in NDG that are affordable for most seniors
- Churches are very good at mobilizing the energy and skills of NDG seniors to serve the community, and take into account their scheduling and transportation needs
- Churches are important hubs of daytime spiritual, social and volunteer activities for older NDGers and provide a sense of community cohesion
- Some churches provide outreach and go to the homes of shut-in seniors for friendly visits
- For more autonomous seniors and boomers, groups such as the 50-plus Club and the Boomer Café (NDGSCC) offer lunch gatherings, fitness classes, outings, and numerous other activities including seated yoga, CPR training and French conversation classes
- Senior’s organizations (NDGSCC and New Hope) have programs geared to people who can’t easily get out of their homes, and some of their activities offer transportation to participants
- Unstructured socializing in cafés, parks and dog runs are popular with older NDGers

- I’m sitting around home here with not enough information about different outings.
- What’s missing in NDG? Chess and pool tables. Maz is a bad place for drugs and prostitution.
- I train at a gym near McGill Metro because it’s cheap. YMCA at $437 a year? Too many people, too many kids. The Benny Sports Centre gym is very small. Not expensive, just too small.

Focus group participants
• When publicizing their activities, some community organizations include not just the venue’s address but also more detailed information like the cross street and bus route, which is helpful in finding them.

Gaps and Challenges in Social Participation

• Transportation and conditions affecting mobility enormously limit social participation, particularly in winter, and this places a huge responsibility on organizations to provide transportation to older people who participate in their programs and events.
• Events and activities often take place in venues where there is little seating, or parking available.
• Programs and activities, including fitness classes, are not affordable for some.
• Sports centers offer few options for older adults.
• Many community meetings and events are scheduled in the evenings, when older people are less able or willing to leave their homes.
• Information about activities and events does not reach many isolated seniors.
• There are not enough day programs for older people with different interests and levels of cognitive functioning.
• Friendly visit programs do not meet the demand.
• There is not enough intergenerational programming that is senior-friendly and dog-friendly.

Age-friendly Recommendations for Social Participation

• Improve affordability of programs and activities.
• Hold meetings and events during the day, in venues that offer plenty of seating and parking.
• Provide transportation to activities.
• Improve information dissemination about activities.
• Increase the variety of programming in day centers and sports centers.
• Create a wider variety of activities such as:
  o unstructured, strictly “social” activities (talk, eat, dance)
  o games (e.g. chess, pool, dominoes)
  o hobby courses and workshops (e.g. crochet, knitting, painting)
  o theatre or choir groups
  o outdoor activities in parks (e.g. via chessboards, ski trails, community gatherings)
  o entertainment (e.g. plays, repertory films)
  o Revive the abandoned Empress Theatre.

- There is a lot out there but many seniors don’t have the money or mobility.
- Dunkin Donuts is now a condo building. That place was very much a social centre for seniors. There’s a Tim Horton’s on St. Jacques but it’s a bit off the beaten path.

Key informant
• Consider encouraging social enterprises which create affordable social spaces like diners where people can “hang out” together over coffee
• End “no-pet” clauses in leases so that more seniors who wish to have a pet can benefit from the social opportunities offered through the NDG community of people with dogs
• Create support programs in which volunteers accompany isolated seniors to community activities
• Expand home visiting programs for shut-ins
“Technology makes a very big difference in how you relate to the world,” exclaimed one focus group participant. There is a great variance among older NDGers in their willingness or ability to embrace computer technology, or to manage automated telephone answering systems. Indeed for many older people, technology is a huge barrier to social inclusion and access to information. Some NDGers in this assessment used a wide range of communications media for everything from on-line shopping to texting and Facebooking, and in different languages. While some older adults are very techno-savvy, many NDGers—especially the older cohort of seniors— are uncomfortable with computers and cell phones and do not use them. They prefer to do their information gathering and socializing, make complaints and receive customer service in person, on the phone or in print. Some older NDGers were passionate in their desire to improve their computer skills. Most of the focus group participants were interested in keeping informed and in touch with what’s going on around them.

Low levels of literacy are another barrier to communication and access to information, as are weak second- or third-language skills. English-speaking adults – who were educated before Law 101, or outside Quebec - are less likely to be English-French bilingual, and many older NDGers who participated in this study speak and understand little French. Some informants said they were motivated to
learn French while others seemed to feel it was too late for them to improve their fluency.

We asked:

What is your experience getting the information you need in NDG, for example, about services or events?

Is information accessible, useful, timely and easy to understand, provided regularly, distributed widely?

**NDG Strengths in Communication and Information**

- Computer training is available at libraries
- Many Francophones are bilingual and happily speak English to accommodate unilingual Anglophones
- City civil servants are often bilingual and helpful
- #311 offers municipal information in English and attendants listen, take complaints, and are courteous
- The Borough regularly issues bilingual bulletins
- Borough Council meetings are conducted in both English and French
- Bilingual newsletters from organizations (YMCA, NDGCC) list events and other community information
- Local newspapers (e.g. The Suburban, Free Press, The Senior Times, Montreal West Informer) provide local news and information
- Libraries have bulletin boards
- NDG groups and community organizations such as the Raging Grannies, churches and the NDGSCC have developed social networks (largely word-of-mouth) which disseminate information about goings-on in the neighbourhood
- Older people at risk for social isolation, including new immigrants, can get information (e.g. on government entitlements, housing) from trusted community organizations such as the NDG Food Depot, seniors’ organizations and Welcome to NDG
- There are mass media that regularly report on the work of NDG community organizations, and inform on local issues affecting seniors such as health care, transportation and pedestrian safety

-Sometimes I feel left out of the digital world. Everything is computer. I feel I’m not getting information.
-I used to get letters. There are invitations I don’t get because I don’t have email.

Focus group participants

-CBC has really taken us on. All the media has been very kind to us including telling real stories of the lives of people who go to the (NDG Food) Depot

Key Informant
Gaps and Challenges in Communication and Information

**Computers and automated systems**
- Many organizations in NDG communicate amongst themselves and with the wider community largely by email, Facebook or websites, which leaves many seniors in the dark
- Automated answering services are not user friendly and there are few opportunities to speak to “a real person”

**Language**
- The City of Montreal website is not entirely “anglo-senior friendly” since much of the information – including the section for seniors and information about Montreal’s Universal Accessibility policy – is not available in English
- Some service representatives at the City (#311), and at the STM (Transport Adapté) are not bilingual
- English signage on buses and metros is so small that it is difficult to find and read
- Some seniors feel there is sometimes discrimination against Anglophones at the City

*We have a lot to deal with: language, winter, technology.*

Focus group participant

*They say, “Go to our website for more information” but I can’t find it because I’m not computer savvy. We need paper.*

*Automated answering services? If I have to go through that I just don’t bother. I go there.*

Focus group participants
Community news and events

- The Suburban and Free Press are difficult to find in some parts of NDG
- Some community bulletins advertise events after they are over, or post upcoming events in digital formats that are not user friendly
- Much community information and invitations to meetings and events are transmitted by email and do not reach people who are not computer literate

Commercial & General

- The printed version of the Yellow Pages has been discontinued, making it difficult to find services
- There is no central source of information for seniors on services of interest to them
- #411 service does not give cell phone numbers
- Many private and public service providers assume everyone uses computers, and direct people to websites for information and to download forms
- Customers who want to continue using paper must pay extra, and the increasing cost of postage discourages printed communication
- Print on labels and signs is often too small

Age-friendly Recommendations for Communication and Information

Municipal, commercial and community services should consider that many older adults do not use computers, and by providing information and services in English as well as French they will reach more people.

Community sector

- Provide computer training and computers for public use in more locations
- Promote oral and printed communication wherever possible
- Consider publishing a handbook with information of special interest to low-income seniors, including affordable goods and services available in the neighbourhood, and government entitlements

Focus group participants

- We need to study “computers for senior dummies.” We need to get on top of this. We should push ourselves more to take advantage of technology because otherwise we’re out of the loop.
- French stuff and computers. I don’t know how we get around it.
- They should publish a handbook with a section, ‘Did You Know…: with x, y and z banks waive charges for this or that; tax deductions for using public transit; cheap exercise classes, bras, cheap haircuts, pedicures, dental at John Abbot…”
Municipal sector

- Publish a directory of accessible public places and buildings such as commercial establishments, and parking information, such as that offered by the City of Westmount.\(^1\)
- Pursue implementation of Montreal’s Universal Accessibility policy in all areas including communication:
  - Translate the “Seniors” section of the City website, including key policy and planning documents (e.g. *Plan d’Action Municipal pour les aînés 2013-2015* or subsequent plans) into as many languages as possible, including English
  - Include English as one of the several languages in the City’s website information on the City’s Universal Accessibility policy (the policy is currently only available in regular French, simplified language version, audio version and Quebec sign language version). Include as many foreign languages spoken in Montreal as possible
CIVIC PARTICIPATION AND EMPLOYMENT

Civic participation is a way for citizens and residents to contribute to local democracy. It involves taking part in decision-making processes in community organizations, local government, public institutions, or other organizations of civic life.

*Local democracy needs civic participation in order to answer the aspirations of the inhabitants and to cope with the growing complexities of public policies. Each citizen is acknowledged as an expert user. Civic participation has become essential to the good health of local powers; the service user and the inhabitant become a fundamental link in local life.*

Participants in this community assessment served as volunteers in organizations ranging from Habitations Sherbrooke Forest, Meals on Wheels, the Raging Grannies, Grandmothers’ Advocacy Network, Breast Cancer Action and the Cummings Centre seniors’ organization. Few showed interest in taking part in anything related to borough politics, although some had done so in the past. Other participants said that they were not interested in volunteer work because in their retirement they wanted to be free to pursue their interests and not be tied down to a schedule.

With regard to paid work, only three of our participants were employed in full-time or part-time positions. There is a special, largely invisible situation for a segment of the NDG boomer population with regard to employment. For many, an illness or injury has forced them out of their jobs. Others are unable to find employment because of a lack of French language and computer skills. Others, including those who have those needed skills, feel that they have been discriminated against in the job market and have been unable to find employment because of their English-language identity — especially in the public sector.
We asked

Do you find it easy or difficult to participate in paid or volunteer work?

How about participating in local public affairs, like community and municipal organizations or local boards or committees?

**NDG Strengths in Civic Participation and Employment**

- In the summer of 2016, borough Mayor Russell Copeman created an advisory committee on seniors for consultation on issues affecting the older population
- Borough Council meetings are bilingual and are inclusive of Anglophones
- Civil servants are often helpful to residents in solving problems
- NDG has many opportunities for older adults to volunteer through churches and community organizations
- Many NDG seniors are employed or run small businesses in NDG

**Gaps and Challenges in Civic Participation and Employment**

- Weather, road conditions and lack of transportation options are a barrier to participation in civic activities as well as paid and unpaid work, especially when these are compounded by illness and injuries
- The Government and the City do not respect seniors—they do not follow through.
- It is difficult to feel that public administration wants to hear from seniors. We find that we do not count to begin with because we’re Anglophones.
- City documents don’t come in English and on the phone they won’t speak in English. That is not good. It’s bad policy.
- Public policy work must be done in French and this keeps me away.
- Anglophones tend to advocate less because we’re a minority...We don’t have the numbers.

Focus group participants
Civic Participation

- City councilors discourage civic participation when they are inaccessible or unresponsive to input and requests, or are condescending in their treatment of the public
- People don’t participate in local public affairs because they believe that they won’t be heard or that they are wasting their time
- Some NDGers with limited French language and computer skills feel uninformed and discouraged from participating in civic affairs when municipal communications including policy and planning documents are available electronically or in French only (see Communication & Information)
- Opportunities for public input are frequently held in the evenings, when seniors prefer to stay home

Employment & volunteer work

- Employment opportunities are very limited for older people – in particular Anglophones without computer skills
- Government employment programs do not lead to appropriate work at the end
- Some older adults would require workplace accommodations to be able to work (e.g. schedule flexibility, transportation, assistive devices)

Age-friendly Recommendations for Civic Participation and Employment

- Encourage older people to engage in civic decision-making, employment and volunteer work by giving them more transportation options and making infrastructure more accessible
- Publicize the work of the borough seniors advisory committee
- Make bilingual as many meetings and official documents as possible so that older English-speakers can develop informed opinions and make constructive contributions
- Disseminate existing City and borough policies (e.g. on universal accessibility) and plans of action (e.g. Plan d’Action Municipal pour les Aînés) in both languages throughout the senior community
- Create opportunities for older residents to attend meetings during the day, where there is accessible transportation or parking, and where there are comfortable seats
- Encourage employers, including the municipal government, to hire mature workers whenever possible, and to adapt workplaces to meet the needs of disabled people
COMMUNITY SUPPORT AND HEALTH SERVICES

While this study focuses on the neighbourhood and municipal level, healthcare delivery is a provincial jurisdiction. On this topic we have therefore chosen to focus primarily on the “community support” side, including NDG’s community and commercial support services, addressing only some local delivery of provincial health care services.

Older NDGers told us in various ways that they want to “age in place” – to remain in their current homes as long as possible, and if they had to move to a new home, that it be in NDG.

At some point in our lives most of us will need help with some of the daily tasks of living at home, such as house cleaning, getting groceries and cooking meals.

Most people turn first to family and friends for this kind of supports. According to Statistics Canada, 1 in 4 Canadians are caregivers. But unpaid, informal caregivers – often older people themselves with their own health challenges - have limits to what they are able and willing to do. Supports to older adults – whether out in the community or brought into their homes -- help them remain healthy, active and independent. Access to a good range of quality services can reduce the need for caregivers and allow seniors to avoid or delay a move to a residence or nursing home.

More than 40% of NDG seniors are living alone, and many of them on low or very low incomes. Some find themselves isolated. With few informal supports from family or friends, these seniors rely increasingly on the public and community sectors to meet their needs.

Some of these needs are being met at low cost or no cost to them, through the services of community organizations, non-profit social enterprises and healthcare institutions, such as CLSCs and through individual subsidies. Other services, however, have to be bought on the private market, at market rates. These can be a blessing to some, but are financially inaccessible to many lower income NDGers. Services provided by social enterprises like Clean Sweepers, which offers subsidized housekeeping services, help to fill the gaps, but professional services like physiotherapy, psychotherapy, dentistry or affordable prescription drugs remain out of reach for many.
We asked:

What is your experience with the health and social support services in NDG to help older people?

What services are available? Are they accessible, affordable and responsive to individual needs?

**NDG Strengths in Community Support and Health Services**

- CLSCs serving NDG offer highly valued homecare services, including nursing care, physiotherapy and fall prevention, and support for daily living, such as bathing
- New Hope’s Meals on Wheels and the NDG Food Depot deliver food to the homes of older NDGers who are housebound
- Pharmacies and some grocery stores take orders over the phone and offer free delivery for seniors
- Clean Sweepers offers subsidized housekeeping, meal preparation, shopping, errands and packing for moves
- A new service by Clean Sweepers will include home care services such as bathing, dressing, monitoring medication and accompaniment to appointments
- NDG Food Depot provides free groceries and meals to NDGers as well as a large variety of programs engaging them in food security and food-related activities; food is delivered to the homes of shut-in seniors
- Frasier Foundation volunteers bring films, music and books to people’s homes
- NDGSCC has a volunteer transportation service that takes people to their medical appointments (See Transportation)

- They (CLSC) come every day to put on and remove my elastic stockings. I’m happy with the service.
- I get Friendly Visits from NDGSCC. Nobody came for years but recently a woman comes once weekly for 2 hours. I really enjoy her visits. We’ve gone to movies. She’s very nice. This helps.

Focus group participants
• Through churches, volunteers make “friendly visits” to socialize with isolated seniors in their homes.
• Free tax clinics held annually by the NDGSCC, New Hope and other organizations, make it possible for many low-income older NDGers to receive their benefits.
• Strong collaboration between organizations provide a range of effective joint services and programming such as the Boomer Café, tenants rights clinics and diabetes education as well as tax clinics.
• Caregivers can access short-term counseling, support groups for spouses and workshops from the CLSC, and respite through its drop-in programs at St. Margaret and Henri-Bradet.
• Welcome NDG provides support, including interpreting and translation, to older NDGers who cannot speak French or English, in accessing health and social services.
• NDG Community Committee on Elder Abuse and SAVA (Soutien aux Aînés Victimes d’Abus) Centre-Ouest are working to educate the public about elder abuse and neglect, offer support, information and accompaniment to older adults who are victims, and provide a shelter giving temporary respite.

Gaps and Challenges in Community Support and Health Services

• Transportation is a barrier to accessing community support and health services that are not delivered to the home.
• Lack of information is a barrier to accessing public, commercial and community providers of support services—since many seniors are not aware of what is available.

Health/medical/nursing care

• There is a shortage of family doctors in NDG to take on new patients.

- Sometimes what people need is physio and not exercise but it isn’t accessible to them.
- People sometimes are given prescriptions that aren’t covered. It takes money to really take care of one’s health. When we’re talking about people living in poverty, paying for your medication is something that becomes a big challenge.

Key informant

- We are trying to do more for older people, for example, a couple of nurses from the CLSC are going to come in (to the NDG Food Depot) and do a blood pressure clinic, diabetes education, etc.
- The NDGSCC tax clinic has a really big impact on people’s lives because when people don’t know how to fill out the forms they don’t get their money.

Key informant

Focus group participant

After surgery I couldn’t get prescriptions because I had no money to pay the pharmacy.
regular patients
- Waits to see a doctor in walk-in clinics can be very long
- Services such as dental, optometry, physiotherapy and psychotherapy services are not covered by Medicare and are unaffordable to many
- Prescription medications are unaffordable to many
- CLSCs have very limited psychological support services and are unable to respond even to urgent needs

**Community support services**

- CLSCs are limited in the kinds of help that they provide, and have reduced homecare services (such as the frequency of baths) due to budget cuts, leading to long waiting lists
- Homecare services on the private market are financially inaccessible for many
- Clean Sweepers has long waiting lists for some of its services, and is not always able to be responsive to individual needs.
- Despite subsidies for low-income clients, Clean Sweepers' services remain unaffordable for some seniors
- It is difficult to find affordable help for certain types of housekeeping jobs such as cleaning behind furniture, moving a bed to another room, yard work or shoveling snow
- There are no affordable services to help hoarders de-junk, which becomes urgent in cases when a senior has a bed bug infestation, an injury, or falls ill and needs to move suddenly
- “Friendly visits” by volunteers through NDG churches and community organizations are not able to meet the need among lonely, housebound seniors
- Some grocery stores don’t deliver, or do so only on certain days of the week, and tipping is expected; most will not take orders over the phone
- CLSCs are sometimes unable to respond in a timely manner to complex or crisis

---

**Focus group participant**

- One bath per week is not enough, especially in summer. I know that the CLSC is very short staffed.
- I spend too much time alone, especially in winter or at night.
- They (agents at the social assistance office) made me feel very badly about myself. They treat you like you’re sucking on the system.

**Focus group participants**

- - Seniors don't know where to turn to get help with little, simple tasks, like snow shoveling and going shopping. They have a bit of money to pay but not that much. They can't pay the big bucks to hire an agency to clean their place.
- - The thought of moving is a nightmare for many. Seniors can't do it themselves; it’s hard to find affordable help and they don’t know where to look. So we have a lot of people for whom moving is very difficult.

**Key informant**
• Social assistance from the provincial government has been made very difficult to access: offices are no longer located in NDG, it is very difficult to speak to a “real person,” requirements are difficult to understand and comply with, and agents can be tremendously disrespectful to clients

❖ Accessibility of MUHC hospital and its services

• The nearest hospitals for NDGers are very hard to get to by public transit
• There is currently only one access to the MUHC Glen site from the Vendome metro station, by means of a tunnel which includes stairs and a long walk outdoors to the hospital doors (see Transportation)
• Parking is expensive
• The Glen campus of the MUHC hospital is large and difficult to navigate, and getting around involves a lot of walking
• It is often difficult to find a functioning wheelchair at hospital entrances
• Patients must endure long periods sitting in waiting rooms – including emergency rooms - regardless of age and ability to withstand long periods of sitting, and without a place to recline

❖ Support for care-givers

• Day programs for seniors are insufficient to meet the demand
• Caregivers – many of whom are seniors themselves – lack a range of supports that could sustain them in their care-giving role and their own health

Age-friendly Recommendations for Community Support & Health Services

• Advocate to higher levels of government to expand funding for community support and
health services for the older population, especially those with special needs

- Develop and expand the range and availability of services offered by social enterprises (e.g. Clean Sweepers), such as help with small repair jobs, yard work and snow removal
- To address financial barriers to accessing services, explore the feasibility of models such as time-banking or bartering, where all generations can provide “affordable” services to one another
- Disseminate information about community and health services more widely and through a variety of means
- Modify municipal funding criteria in order to support community organizations in identifying isolated low income older adults
- Promote awareness of services that “check in” on isolated seniors at risk
- Consider developing more support for caregivers with a range of flexible programs and services that would provide a little extra help or a much-needed break.
- Consult the MUHC about ways to: make seniors and others with mobility problems more comfortable while waiting to be seen; help seniors find their way around the Glen site (such as having volunteer accompaniment and clearer signage); provide valet parking
- Improve accessibility at the MUHC hospital’s Glen site (see Transportation)
V. CONCLUSION AND NEXT STEPS

In 2016, the 50-plus population makes up about one third of the NDG population. In the next decade, with the aging of the baby boomer generation, the proportion of retired people and people with disabilities will swell, calling on us to acknowledge and respond sensibly and with fairness to a new social and economic reality.

This study engaged older NDG adults in assessing the functionality and barriers of municipal, commercial and community infrastructure and services, and the extent to which they accommodate the diversity of older NDGers and promote their ability to age in place. While this research is far from comprehensive, it is the hope of NDGSCC that the issues raised by the statistical profile, and by community workers and older NDGers themselves, lead us to a better, more nuanced understanding of the population.

As a baseline study, this community assessment completes NDGs first stage in the planning required to become an Age-friendly borough. Ultimately, it should be used as a tool to facilitate the mobilization of local actors, including the public, commercial and community sectors, in a long-term project to create an Age-friendly Côte-des-Neiges—NDG Borough.

The Mayor of the Côte-des-Neiges—NDG now can count on a committee made up of seniors who are community leaders to advise him on decisions affecting the older population. It is the hope of the NDGSCC that the Mayor and his committee will take advantage of the evidence contained in this report to plan and implement age-friendly projects.

Making communities age-friendly is clearly one of the most effective policy approaches for responding to demographic ageing. We hope that this project is the beginning of a concerted effort by public officials and community members to design policies, services and infrastructure with a vision of a society for all ages.
VI. ENDNOTES

3 NDG Senior Citizens’ Council, mission statement. Retrieved August 11, 2016 (http://ndgsc.ca/about/)
7 Pocock, Joanne, PhD. 2010. Socio-Economic Profile of Older English-speaking Adults in the Notre-Dame-de-Grâce area of Montreal. NDGSCC. (Available from NDGSCC)
12 The numbers do not always add up to 48 because not all participants answered every question.
13 The City of Montreal includes only the political boundaries of the Ville de Montréal (on the Island of Montreal) and excludes the 15 smaller independent municipalities on the Island as well as the off Island suburbs of Laval, Montreal’s North and South shores. All of these areas taken together comprise Montreal’s Census Metropolitan Area.
13 CMHC. Accessed September 30, 2016. (http://cmhc.beyond2020.com/HICOFAQs_EN.html#_Can%20users%20compare%20data%20from%20the%202011%20NHS%20to%20the%20Census?)


17 Subtracting the population living in private households from the total population in each Census Tract.

18 Refers to a married couple (with or without children), a common-law couple (with or without children) or a lone parent family.

19 Refers to the number of weeks in which a person worked for pay or in self-employment in 2010 at all jobs held, even if only for a few hours.

20 The Low Income Cutoff (LICO) rate is available for Montreal but not for smaller geographical areas like NDG, so it was not included in the target group profile informing this report. The LIM differs in its technical composition from the LICO but is considered to give an equally, and sometimes more, accurate portrayal of the prevalence of a population’s having lower than average income.


24 Total income is the sum of income received during 2010 from all income sources together, except net capital gains or losses. https://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/pop123-eng.cfm

Household total income is the sum of the total incomes of all members of that household.


25 Total income is the sum of income received during 2010 from all income sources together, except net capital gains or losses. https://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/pop123-eng.cfm

Household total income is the sum of the total incomes of all members of that household.


26 The CMHC provided this data directly to the NDG Senior Citizens’ Council upon request, for the neighbourhood of NDG as defined by the municipal electoral districts.
The primary household maintainer is the person or one of the people in the household responsible for major household payments such as the rent or mortgage. In households with more than one maintainer, the primary maintainer is the first person listed as a maintainer.

A non-permanent resident household is a household with a primary household maintainer who is a non-permanent resident. A non-permanent resident is a person from another country who has a work or study permit, or who is a refugee claimant, and any non-Canadian-born family member living in Canada with him or her.

Recent immigrants are immigrants who landed in Canada between Jan 1, 2006 and May 10, 2011.

Activity limitations refer to difficulties that people have in carrying out daily activities such as hearing, seeing, communicating, or walking. Difficulties could arise from physical or mental conditions or health problems.

Only handicapped* persons whose disabilities seriously compromise their mobility are eligible for the paratransit service. The eligibility policy of Quebec's Ministère des Transports determines eligibility and the procedure for processing applications. Any person meeting the following two criteria is eligible:

1. *is a handicapped person, i.e., a person with a deficiency causing a significant and persistent disability, who is liable to encounter barriers in performing everyday activities
2. has limited mobility justifying the use of paratransit. Only the following disabilities shall be considered for eligibility purposes:
   - inability to walk 400 metres on even ground
   - inability to climb a step 35 centimetres high with support, or descend without support
   - inability to make an entire trip using regular public transit
   - inability to keep track of time or find their bearings
   - inability to handle situations or behaviour that could compromise their own safety or that of others
   - inability to communicate verbally or through sign language; this limitation alone does not qualify the applicant for paratransit eligibility.


CLSC stands for Centre Local de Services Communautaires (local community service centre). CLSCs offer primary level care to the population of a territory at its location as well as in the community and people’s homes, which includes nursing care, blood tests, rehabilitation, and public health activities.