PROFILE OF MONTREAL SENIORS: HIGHLIGHTS
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Montréal's population is growing older and this is expected to accelerate over the next few years

- In 2016, there were 323 660 Montrealers aged 65 or over. By 2036, this figure will be around 465 800. The increase in the senior population will be largest in the eastern and westernmost parts of the island.
- The projected number of very elderly persons, especially centenarians, is high, with the figure rising from 370 in 2006 to 645 in 2016. Currently, most seniors in Montréal are women. However, the gap between the proportion of men and women will decrease over the next 20 years.

Seniors (65 and over) in Montréal differ from people in the rest of Québec and from those in other big Canadian cities

- The proportion of very elderly individuals (85 and over) is higher than in the rest of Québec.
- Montréal is the most socially disadvantaged region of Québec and more elderly Montrealers have no social support.
- Proportionately more seniors in the Montréal health region live in poverty (below the low income cutoff) than those in other urban health regions in Canada, including Toronto, Edmonton and Halifax.
- With over a third of seniors living alone (36%), the Montréal health region stands out from the rest of the province (29%) and other large health regions in Canada such as Toronto (27%), Halifax (28%), Vancouver (29%) and Edmonton (25%).
- The proportion of seniors who perceive themselves as being in poor health is higher in Montréal than in the rest of the province, even in the more financially well-off groups. There are also a greater proportion of seniors living with a disability.

In Montréal, there are large gaps in state of health, living conditions and risks of social isolation, based on geographical area

Here are a few examples of variations by CLSC territory:

- The proportion of seniors who never obtained a high-school diploma varies from 8% (Métro) to 67% (Parc-Extension).
- The proportion of seniors living below the low-income cutoff varies between 9% (Lac SaintLouis) and 45% (Pointe-Saint-Charles).
- The proportion of seniors who live alone varies from 22% (Pierrefonds) to 57% (Plateau and des Faubourgs).
• Risk factors linked to social isolation are greater in the central parts of the island (in relation to the health region), especially in the boroughs of Montréal-Nord, Petite-Patrie, Rosemont, Hochelaga-Maisonneuve, des Faubourgs and St-Henri.

**On the island of Montréal, the social component of seniors’ health and well-being is particularly worrisome. At this time**

• six in ten seniors with a disability also report having difficulty participating in local community and social activities;
• half of seniors with disabilities also report needing help to do their everyday activities, and about half of them do not get the help they would like;
• 14% of senior Montrealers feel they don’t contribute anything important to society. Among those over 75, this figure climbs to 18% (6% among 45- to 64-year olds);
• refitting/adapting environments and access to technological aids or home support services are crucial to maintaining their participation and preventing isolation.

Better living conditions and good health foster seniors’ social participation and, conversely, social participation promotes health and well-being

**Montréal seniors are drivers of community development**

• Seniors (in Québec and Canada) devote the greatest number of hours to volunteer work annually.
• One in six Montréal seniors (16%) gives time to caring for or helping other elderly people, which represents in all at least 237 000 hours of unpaid support a week.
• Since 1996 seniors’ employment rate has almost doubled, rising from 6% to 11% in Montréal. Also, 60% of employed seniors work full time.
• Aside from paid or volunteer work, seniors in Montréal are also caregivers, grandparents, friends, neighbours and actors involved in their neighbourhood’s community life.

**Promising initiatives and mechanisms are put in place to better respond to issues of seniors’ social isolation and participation**

• A number of municipal, academic and institutional community partners (including public health) are working together to implement initiatives.
• Several promising projects already exist in the city.
• The public health department has developed an action plan that targets the social participation of seniors as a determinant of their health and well-being. It has
undertaken this project and plans on supporting individuals already working in the field.