

Dion action plan to aid healthcare network

The federal government's plan to assist minority language groups in Canada has opened significant possibilities for improving health and social services for English-speaking-Quebecers. In fact, the plan, drafted by Intergovernmental Affairs Minister Stéphane Dion, reflects recommendations made by the Quebec Community Groups Network (QCGN). And the QCGN has been designated by Health Canada to administer an important aspect of the program that is being developed in this province.

It will focus on networking. Rationalization and reorganization of the health and social services system in recent years has adversely affected accessibility to services in English. Quebec's refusal to renew the federal-provincial agreement to support initiatives for minority English-speaking communities has further aggravated the situation. So this new federal offer to promote the vitality of minority communities comes at an opportune time.

"Our plan will enable communities to build networks involving partners within, and outside, their own region," explains Martin Murphy, QCGN president. "Together, they will develop strategies to improve access to services and to strengthen links between the communities and health and social service institutions. An important source of information on their communities' needs, they will be able to identify priorities. And they will play a key role in nurturing the volunteer sector."

The QCGN has struck a task force to draw up a formal five-year plan for presentation to Health Canada in May. "We have to first set the criteria for funding and identify our priorities for the development of networks," says Murphy. "When we complete that task, and receive the program allocation, we'll be calling on our members who are interested in organizing networks to apply."

In the meantime, another part of the action plan, aimed at training and human resources development, is being prepared. It is to ensure that Quebec's health and social services system can maintain a sufficient number of personnel capable of providing services in English.

"Minister Dion made sure that he understood the new realities here," Murphy affirms, "that the English-speaking population of Quebec is facing serious problems that must be addressed. We're particularly pleased that our recommendation that the community be consulted on implementation of the new policy is part of his action plan."

CASA sets up foundation to help cancer patients

Cancer patients who must travel to centres outside the Gaspé for medical attention now have a new source of financial help. The Linda LeMore Brown Foundation, set up last November by CASA, will match those funds provided through local CLSCs for travel expenses. "And we

don't discriminate against people receiving government assistance," says founder Cathy Brown, daughter of Linda.

As its financial resources grow – fund-raising campaigns are ongoing – the Foundation will help to pay for cancer prescriptions, many of which are not covered by Medicare. It will also intensify its role as a bilingual cancer information centre serving individuals and hospitals in the region.

Domestic violence rising in anglo communities

A recent study by the Missisquoi Institute reveals high levels of domestic violence among English-speaking Quebecers (paralleling their francophone compatriots). While rates vary dramatically from one region to another, the highest incidence is found in Montreal, the Côte-Nord, Northern Quebec and the Outaouais. The number of female victims between 12 and 17 has soared over the past 10 years.

As the Institute compiled its data, it also assessed the availability of services for anglophone domestic violence victims. The final report will be released in June.

This is the first issue of the *CHSSN Community NetLink*, a newsletter serving the members of the Community Health and Social Services Network. It is also available online at: www.chssn.org

New plan will shape anglo's future

English-speaking communities in Quebec will soon be presented with a broadly based planning strategy that sets out objectives and priorities for their future. Spearheaded by the Quebec Community Groups Network (QCGN), this initiative stems from the federal government having requested that a framework be established for minority-language funding. That effort evolved into a major orientation process that will culminate in a five-year Global Development Plan (GDP) to be launched in December.

“Our aim is to clearly define the English-speaking population, identify its needs and, most importantly, harness its potential,” says Hugh Maynard, chair of the GDP steering committee. To pursue that goal, the committee has enlisted community leaders from across the province to participate in task forces examining eight key sectors: arts and culture; business and employment; communications and media; education and training; health and social services; heritage; youth; and visibility and leadership.

The task forces will come together in early May to report on their findings and exchange their visions and priorities. Plans for each sector will then be taken to the community at large for consultation.

“We’ll seek a very broad input,” says Maynard. “There is a particular challenge to reaching those anglophone constituencies that are not organized. In addition, there are

the allophone communities that might well be interested in our recommendations, particularly those concerning the provision of health and social services in English.”

Marion Standish heads up the health and social services task force. “Our report will certainly highlight the demographic realities of Quebec,” Standish affirms. “It will identify areas where we can heighten our participation in decision-making and open up opportunities to work more effectively within the health care system. In fact, the GDP provides an extraordinary opportunity for our communities to come together and take our rightful place as partners in Quebec’s future.”

Workshop reaches five communities

A workshop on attention deficit disorder (ADD) linked up English-speakers in five Quebec communities in March. It was the first in a series of workshops planned by the Montreal-based ADD Family Resource Centre. It was co-hosted by the Quebec Learners’ Network, which coordinated the multi-site videoconference.

“We had a reputed child and family psychologist in Montreal as guest presenter,” says Carrie Goldberg, the Centre’s executive director. “About 40 people attended in Hull, Noranda, Thetford Mines and Temiscaming to hear him and to ask questions. It was a great success.”

The ADD Family Resource Centre was established to educate and to support children with learning disabilities. It also provides support for parents of such children and for health and educational professionals who deal with the learning-disabled population. Its wide range of activities includes individual and family counselling, parent support groups, a school advocacy program and public seminars.

“This workshop showed that there is a real need for information on the topic,” says Goldberg. “Our next sessions will focus on home care, medication and other treatment, and coping mechanisms. At the same time, we’re collaborating with the QLN on an inter-active Web site that will feature guest experts, open links to other resources and provide a way for users to share their experiences with each other.”

Partners work at getting information to people

South Shore Community Partners might well boast about being a major venue for the gathering and sharing of information. The main focus of this Montérégie organization is making English-speaking residents aware of available services. Its Web site is a compilation of service sources and referrals. Government publications are delivered to churches for distribution. Partners also holds four open meetings each year to bring people together to build contacts.

Support network found to be feasible

A recently-concluded pilot project has shown that videoconferencing is an effective way to deliver health and social services to anglophones in rural areas of Quebec. Spear-headed by the Holland Centre, the Patient and Community Support Network Project (PCSN) provided face-to-face counselling, workshops and training sessions in link-ups between seven health and social services providers and users.

The PCSN demonstrated the variety of services that can be offered from a distance. The McGill School of Social Work provided loss and bereavement counselling to Holland Centre clients in Quebec City. A Fraser Recovery Program support group in Quebec City linked up with graduates of the program who have formed a group in Montreal.

McGill University Health Centre professionals and volunteers gave information sessions on adolescents and suicide, diabetes and breast cancer. They were partnered with CASA, CAMI and the Holland Centre. The Constance Lethbridge Rehabilitation Centre provided training to professionals at suburban Bayview Hospital on the measuring of custom-fitted wheelchairs. A Montreal consultant provided professional support to Holland Centre staff on how to deal with difficult clients.

The project was evaluated by the McGill School of Social Work's Centre for Applied Family Studies.

Anglicans take lead in community-building

Following its success in spurring the creation of a community resource centre for anglophones in the Chaudières-Appalaches region, the Anglican Church is now working on similar projects for the Gaspé and Mauricie. Rev. Rodney Clark, a prime mover in establishment of the Megantic English-speaking Development Corporation (MCDC), sees the Church as a participant rather than as the leader once these projects are under way.

“One thing that most small English-speaking communities have in common is an Anglican parish,” says Clark. “So we’ve been able to mobilize our clergy and volunteers to form the hub of community-building activity. But it’s essential to work with all the other congregations, the schools and community leaders to develop a format that everyone can support.”

It is not a speedy process. It took two years to create the MCDC. “We had identified where the English-speakers were in the region, and what information and services were lacking,” says Clark. “We worked with the Holland Centre’s Health and Community Support team to bring all the players together. The MCDC is a vital communication link for our community now.”

The next two Anglican-driven projects will also be partnered with the Holland Centre. They will use demographic profiles compiled by the Missisquoi Institute.

Translation network responds to need

The widespread lack of English information in Quebec’s health and social services system is being addressed by the English Speaking Catholic Council (ESCC). The Council has recently completed the first phase of a project to have key documents translated for users and professionals.

“We approached public institutions for their documents that Quebec would not translate,” says Martin Murphy, ESCC executive director. “Over 120 documents on user and patient information have so far been translated into English. Their titles are accessible on the CHSSN Web site; the documents are available to members of the ESCC Translation Network.”

Members of the Network are: Association des Centres jeunesse du Québec; CAP santé Outaouais; Carrefour de la santé et des services sociaux du Val Saint-François; Centre de la Santé de la Basse Côte-Nord; Centre hospitalier universitaire de Sherbrooke; CLSC-CHSLD La Pommeraiie; CLSC de la Région Sherbrookoise; Holland Centre; Hôpital Charles-LeMoyne; Maison Anita-Label; Pavillon du Parc, Maniwaki; Régie régionale de la Santé et des services sociaux Gaspésie-Îles-de-la-Madeleine; and Ressources Naissances.

The ESCC is hoping to obtain additional funding to continue with the next phase of its translation project.

New funding possibilities for CHSSN members

An important new opportunity for the funding of community health projects is coming up, and CHSSN aims to be ready. Its member organizations will be thoroughly briefed on a new federal funding program and will be offered assistance in preparing projects for grant applications. Plans to meet the December 2003 deadline are now under way.

The federal government wants to improve the health of Canadians, and hopes to achieve much of that goal through its ambitious Population Health program. This program is designed to nurture projects that will reduce health inequities among population groups. It takes a unique approach by considering the interplay of a myriad of factors that can adversely affect health, including income, personal health practices, child development, education, social support networks and availability of health services.

“This program provides an excellent opportunity for our members to become stakeholders in improving, and maintaining, the health and well being of their communities,” says Jim Carter, CHSSN coordinator. “Because this approach must be followed by organizations hoping to receive funding for health projects, we’re going to provide our members with a CD-ROM tutorial on the program. It’s being prepared by the Quebec Learners’ Network (QLN).

In addition, an information forum will be organized to help interested members assess their community’s health needs and to develop their projects. “We’ll walk them through the process,” says Carter. “We hope to have projects identified and ready for presentation at a round table discussion with Health Canada and the Department of Canadian Heritage in December. We must be

ready by then to take advantage of the new funding that we expect to be announced later this year.”

This won’t be the first time that CHSSN members will have used this special approach. CAMI has launched a mental health information and support program for anglo Magdalen Islanders. CASA will set up a communication link via an 800 number to provide Gaspé anglophones with information on services available in English. The Coasters Association has brought together community partners to organize a program for the prevention of drug and alcohol abuse among youth. The Holland Centre spearheaded the Patient and Community Support Network, a pilot project which linked anglophones in rural regions with specialists in Montreal institutions by videoconferencing.

CCS studies seniors’ transportation needs

A recent study commissioned by CCS (Catholic Community Services) on the transportation needs of housebound seniors has confirmed a deplorable lack of adequate aid in Greater Montreal. The study involved the three areas covered by CCS institutions in Little Burgundy, in the southwest; the East End (covered by six CLSCs) and Lachine in the south. The areas of N.D.G., Côte-des-Neiges and Côte-Saint-Luc were also included because they have the highest proportion of senior citizens in Canada.

“There are many seniors with health problems, particularly those over 70, who don’t qualify for handicapped transport,” says Zenon Bryniawsky, CCS executive director. “But the number of volunteer drivers is dwindling. And those we still have run into insurance and parking problems.”

As a result, many seniors can’t get to medical appointments. “And they are also becoming more socially isolated,” says Bryniawsky. “Too many are becoming virtual shut-ins”

CCS is now exploring ways to alleviate the problem. “One promising possibility is to designate certain taxis as handicapped vehicles,” says Bryniawsky, “their Association is very interested. We would also like the definition of ‘handicapped’ to be made more flexible. And we’re hoping to fund acquisition of some small vans to supplement other means of transport. We have a one-year project to develop best practices with our three institutions, which we will then share with others.”

Program offers hope to young addicts

Young people in Quebec City who have fallen into drug or alcohol abuse are being given the chance to overcome their problem through the Fraser Recovery Program. It is a particular approach started 13 years ago by Hugh Fraser, a former teacher, and now full-time director of the program. "My philosophy is to keep them at home, keep them in school, keep them sober," he says.

Keeping them sober involves a variety of support mechanisms. Youngsters who sign on to the program must attend two therapy discussion groups and two AA meetings each week. In order not to be expelled, youngsters who are caught with drugs at school must agree to meet with the drug and alcohol multidiscipline intervention team (the "damit" committee) twice a week at noon for counselling.

Underlying the disciplinary measures is the emphasis on trust and the bonding that the young people develop with the program directors and each other. Weekends spent in the country away from temptations combine therapy sessions and outdoor activities. "Getting them into a different environment has a very positive affect," Fraser affirms.

"Over 200 youngsters have gone through our program," says Fraser, "and we boast a 90 percent success rate. That means they've learned to understand the reasons why they became addicted and also that their recovery is a lifelong process."

Lower North Shore is in need of services

Like all of Quebec's rural regions, the Lower North Shore is seriously lacking in services for its English-speaking population. To rectify that situation, the Coasters Association has been assessing the needs of the area's 15 communities and preparing responsive action plans.

The Coasters found that a sizeable portion of seniors in the area were uninformed about services already available. Most are living alone or with an aging spouse and receive no outside assistance. Half the communities have no facilities for the elderly, and transportation is a major problem in seeking medical care.

Handicapped persons were found to be particularly vulnerable. There is a need for more specialized activities and employment training programs. The Coasters propose that a group dedicated to handling projects and programs specifically for handicapped persons be established. A centre where they could assemble is also recommended.

The problem of drug and alcohol abuse is being addressed as well. Starting with an awareness program in the schools and in the communities, the abuse prevention project would also include setting up support groups, help lines for adults and a treatment centre on the coast.

A need for information is common throughout the coastal anglophone communities. The Coasters has taken on the task of providing it.

New possibilities open for deaf anglophones

A recent demonstration project has proven the potential for delivering health services to deaf English-speakers by videoconferencing. Led by the Canadian Deafness Research and Training Institute, the project was conducted in partnership with the Quebec Association for Adult Learning (QAAL). It was funded through the federal Population Health program.

"We embarked on this project after the Supreme Court ruled that sign language interpretation was a free service under Medicare," explains Institute executive director, Jamie MacDougall. "But there is a serious lack of interpreters in Canada, and deaf persons are so scattered that their access to this service was severely limited. This is particularly true in Quebec, where they are a minority within a minority."

Demonstrations were conducted in Quebec City, Drummondville, Hull, Gaspé and different points in Montreal to show how a health service provider and a deaf person in a remote location could link up on screen with an interpreter in another location.

"One of the linkups was between the Montreal Children's Hospital and Gaspé," says MacDougall. "They used the existing hospital videoconferencing network, so that the procedure wasn't at all costly. If other networks were set up, among CLSCs or schools, we could use them to great advantage."

Focus: Info-Santé

The CHSSN is proposing a project that would enable the Info-Santé system to better serve Quebec's English-speaking communities. A recent study revealed that only sixty percent of anglophones who use the system are receiving information in English and, in nine regions, that figure drops to under fifty percent.

"That's obviously one of the reasons why anglophones under-use the system," says Jim Carter, CHSSN coordinator. "There is also a general lack of awareness in our community as to what services are available through Info-Santé. Now that the Health and Social Services Ministry intends to improve the system, we need to prepare our own proposals for consideration."

Constance Lethbridge helps stroke victims

The Constance Lethbridge Rehabilitation Centre has introduced a new program to aid English-speaking people with *aphasia*, a language and communication disorder that can accompany a stroke.

"Our program is designed to help these stroke victims resume their social participation and reintegrate into community life," says Linda Kimelman, a speech-language pathologist at the Centre. "It is a transitional step for persons who have completed an individual treatment program and could benefit from a group program with, most importantly, peer support and clinical backup."

CHSSN cites three areas requiring attention: awareness and use of the system, the quality of services provided and new models of service delivery. Language training and human resources development would be part of the package. The resulting new standards would also be applied to Info-Social, a new system of telephone access to social services that is being planned.

"This project will be developed, and its management model established, by a consortium of community organizations and public partners," explains Carter. "It is to be provincial, regional and local in scope, and will affect all English-speaking communities and administrative regions."

Education about stroke and aphasia is a basic aspect of the program. Of prime importance is the opportunity provided to stroke victims to meet with each other and share their emotions, experiences and strategies for living with this condition. The program offers activities that explore alternative means of expression and encourage creativity.

The Centre offers a similar program of education and support, with the exchange of experience and resources, to the partners of aphasia sufferers. It has also been working with a provincial aphasia association to develop a community-based English-language program.

Technologies can open up new connections

The networking possibilities that information technologies offer to organizations and communities are widely known. Harnessing them effectively, however, is another matter. Four examples of technologies applied productively that appear in this newsletter were assisted by the Quebec Learners' Network (QLN).

"We see QLN as an organization that connects other organizations to each other," says Peter McGibbon, QLN director. "We provide the vehicles by which information between them is dispersed. We're especially involved in establishing links to, and for, rural populations."

QLN will help organizations to formulate their ideas and will work with them in hosting live events that are transmitted elsewhere by video-conferencing. This approach can be applied to linking presenters to groups, or groups to each other.

An interactive Web site is another effective way to deliver and share information. "This technology is relatively new," says McGibbon, "but it's becoming very popular because it's so easily accessible."

Packaging information onto a CD-ROM can be an attractive way to relay information on a specific project. Easily duplicated for broad distribution, they can also be readily updated. "They're a very flexible way to deliver a message," says McGibbon.

Holland Centre enters new phase

Strongly identified with its broadly based general programs that provide health and social services to family, youth and seniors, the Holland Centre is turning its attention to more specialized services. "We've solidified our base," says Richard Walling, executive director of the Centre. "Now we can focus on some areas where the numbers are small, but the needs are great."

One new project deals with developing services for disabled persons. "Our situation is similar to that of the other anglophone communities off Montreal Island," says Walling. "There is very little organized for disabled people and they feel very isolated. We've been holding focus groups to determine the type of services they need."

Adults suffering from mental health problems are another target clientele. "We're addressing short-lived or recurring disruptions such as depression rather than chronic mental illnesses," Walling explains. "Fortunately, there are already resources out there that we can tap into, such as McGill's loss and bereavement counselling service."

Plans are also under way to build a seniors' housing complex. "This is a fascinating project," says Walling, "because anglophone communities across the province are interested in providing low cost housing for their increasing numbers of seniors. But it involves collaboration with all levels of government, indeed a challenge."

Batshaw gears up to prevent suicides

Batshaw Youth and Family Centres is participating in a new provincial protocol designed to prevent suicides among adolescents. Based on the collaboration of youth centres, CLSCs, physicians and hospitals, it is designed to provide a more systematic approach to suicide prevention

There was ample impetus for a new approach to the problem. Quebec has the highest rate of adolescent suicide in the western world. And a very high number were, or had been, in youth centres.

"We haven't actually had any suicides among youth in our care," says Kees Maas, psychologist with Batshaw. "There have been a couple of attempts, but we were able to intervene in time.

"We've always been attentive to the problem," says Maas, "but we have a much more effective system now. It entails three levels of intervention: front-line workers who screen for signs of risk; a multi-disciplinary team of in-house and outside experts who assess that risk and who will make recommendations as to the need for security measures and psychiatric consultation."

Batshaw's 24/7 team of experts is now in place, and risk-detection training of front-line staff has been completed. During the first year, the focus will be on youth in residential care. "They are our most vulnerable population," says Maas.

CAMI tackles diabetes in the Magdalens

The high – and continuously rising – rate of diabetes among Magdalen Islanders is the focus of a two-year project being run by CAMI. Funded under Health Canada's Awareness, Prevention and Surviving Diabetes program, its basic goal is to prevent further proliferation of the disease.

"Sixteen percent of our adult population suffers from diabetes," says Lisa Craig, project coordinator. "We don't have juvenile cases. So it would seem that lifestyle is a major factor we must contend with."

Information is the key. CAMI has created a range of activities related to diabetes prevention and to help the people already afflicted to better cope with the disease and its complications. In the main, they revolve around healthful eating and more exercise.

School children have all received copies of Canada's Food Guide, along with supplementary classes on nutritious and healthy cooking. Special recipes for diabetics are provided in collective kitchens. Walking clubs and cross-country ski events have been organized. These continuing activities and regular promotion in the local media keep the project in high profile.

The Canadian Continence Foundation is holding a conference in Montreal on June 20-21, at the Bonaventure Hilton Hotel. It is aimed at patients, caregivers and healthcare professionals. For further information: 514 488 8379.

New approach taken to federal funding

There have been some important changes in the way Ottawa assesses funding applications from English-language groups in Quebec. The QCGN has played a key role in their design and their implementation.

The first step was formation of an assessment committee, which was comprised of three QCGN members, three staff from the Department of Canadian Heritage and two 'outsiders'. "We wanted to ensure total objectivity," says Martin Murphy, QCGN president.

Key feature of the new procedure is the rating grid that committee members use, independently of each other. Ottawa will compile their scores to determine its funding allocations in Quebec.

Palliative care workshops answer need

A series of English workshops on palliative care, organized by the Quebec Association for Adult Learning (QAAL), has been receiving a very enthusiastic response. The first sessions were held at Lachute, Quebec City and the Townships. Others are planned for Val d'Or, the Magdalen Islands, Lower North Shore, Outaouais, Gaspé and Chateauguay Valley.

"Workshops on palliative care are occasionally offered in l'Estrie," says Eunice de Gruchy, QAAL executive director, "but only in French. There is a real need for such information sessions in English, especially in our rural communities.

"This is the first time that the QCGN has been directly involved with the assessment of applications for program funding," says Murphy. The Heritage Minister still makes the final decision.

"The reason the QCGN came into being," Murphy explains, "was that, before 1995, Ottawa had been dealing individually with all the Quebec community organizations seeking funds. But this became more and more cumbersome as the number of applications increased.

"So to streamline the procedure, a single organization, the Quebec Community Groups Network, was set up to act as liaison on all issues touching upon official language minority issues here."

"In order to provide quality palliative care, all care providers – family, volunteers and professionals – require training," de Gruchy affirms. "We offer educational tools and the qualified professionals to carry out that mandate."

QAAL's two-day workshops are designed to increase participants' awareness and understanding of the palliative care process and to enhance their ability to give care. They also encourage participants to identify, and to organize ways to fill, the gaps in local resources. The ultimate goal is to garner support for the development of community-based palliative care services.

COCo community forum a first

The Centre for Community Organizations (COCO) is holding a forum in Montreal on April 24-25 to discuss Quebec's funding policies for the voluntary sector. This initiative breaks new ground in that it brings together anglophone and francophone organizations for information sharing.

"Few English-speaking groups receive provincial core funding," explains Michael Stephens, COCo co-director. "And probably even fewer are familiar with the government's new Community Action Policy which redefines the relationship between the community sector and the state. We can learn a lot from our French-speaking counterparts."

COCO also hopes that this gathering will launch the building of bridges between groups from the two linguistic communities. "There are so many possibilities for partnerships," says Stephens.

The Montreal site of the forum, entitled Eyes Wide Open, is the *Centre St-Pierre*, 1212 Panet Street. The QLNL will arrange for video-conferencing with the Outaouais. The Montreal event is free, but space is limited, so reservations are required. For additional forum information: www.coco-net.org .

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