

Forum focuses on future

Public health and the role of English-speaking communities in its future was the theme of a noteworthy conference organized by the CHSSN in Quebec City in late March. Senior officials of provincial and regional Public Health divisions and representatives of anglophone community networks came together – for the first time – to share information and open up a dialogue for future cooperation.

It was very much a two-way exchange. The CHSSN and the communities profiled the plight, and the progress, of English-speaking Quebecers in seeking quality health care. The officials provided an insight into their department's operations, its strategies and its priorities for the furthering of public health in the province.

The time is now

There was no lack of information about the anglophone communities. The CHSSN, for the past four years, has been building up a solid base of knowledge of socioeconomic conditions and trends in the communities. Its most recent, and stunning, Baseline Data Report (see page 4) uses the Quebec government's own health survey to elicit even more disturbing facts about the health status of English-speakers in the province.

The picture that emerges from all these data is that of a community that is aging, in need of care, ready for attention – and for action. The

current restructuring of Quebec's healthcare system has opened up new avenues for anglophone participation. So has the decision of federal and provincial governments to take a new approach to their public health strategy.

Numbers tell the story

Demographer Jan Warnke drew upon Statistics Canada's 2006 census to highlight trends in the anglophone population over the past 15 years. "There has been a sizeable decrease in the 25 to 39 age bracket," Warnke explained. "The figures at either end of the age spectrum are also worrisome. In general, there are fewer children under 14, and there are more older anglophones than francophones. The number of those over 85 years of age has risen by 54 percent."

The CHSSN's executive director Jennifer Johnson profiled a very vulnerable community. One facing the loss of its institutions, and an uneven and unequal approach to healthcare services. One with unemployment 17 percent higher than that of francophones – 30 percent higher in some regions.

"There are communities where anglophones are 20 percent more likely to have incomes below the poverty line," said Johnson. "Most don't know about available health services. Over 70 percent get no information from public institutions in English. All in all, a situation fraught with challenge." (cont'd on p. 2)

CHSSN meets with federal Health Minister

A landmark meeting was held on April 3 when Eric Maldoff, chair of the Consultative Committee for English-speaking Minority Communities, and representatives of the CHSSN met in Ottawa with the federal Minister of Health, Tony Clement. Ron Creary, president of the board, and Jim Carter, policy and program advisor, joined with Maldoff in recommending a new healthcare initiative in Quebec. They included strategies for action to meet the needs of anglophone communities in the province and identified resources required to implement them.

"We also briefed the Minister on Health Canada's return on investment from its past funding," says Creary. "We used a very graphic example, our telehealth program, to illustrate concrete outcomes of our community networks' programs in health prevention and promotion. The Minister was very impressed with the follow-up activities organized after the telehealth sessions."

The meeting was spurred by the government's imminent decision on how it will be renewing its financial commitment to Canada's official language minorities. A federally commissioned report just submitted by former New Brunswick Premier Bernard Lord recommends increased funding. And Quebec Minister of Health and Social Services Philippe Couillard has expressed his approval for new federal investments to improve access to healthcare services in English.

"We didn't discuss figures in Ottawa," Creary says, "but we did make one request. That future funding be equitable to English and French, that we get our fair share."

Forum focuses ... (cont'd from p. 1)

Public health as opportunity

In their turn, the Public Health representatives gave community delegates an overview of how their department functions and how its orientation has been expanding into a broader approach to public health.

Dr. Alain Poirier, director of the Public Health Department and assistant deputy minister of the Health and Social Services Ministry, explained that the classic approach to public health, managing it as a malady-oriented discipline, is changing. There is an emphasis now on evaluating health determinants, on tracking socioeconomic and environmental conditions, and evaluating personal lifestyles and monitoring how they affect the health and well being of Quebecers. A major emphasis is on prevention and promotion.

And on community involvement. Regional representatives pointed out that encouraging the community to play a role in improving health is their number one priority. They cited the need to provide health information and share the results of departmental studies to help the population better respond to and participate in health promotion.

Poirier foresees more openings for community sector involvement. He expressed confidence that opportunities could be generated for anglophone communities and Public Health to learn more about each other. Poirier further affirmed that this would open doors to the English-speaking communities and that Public Health would work with them to improve their services.

Getting results

Part of the Forum goal was to acquaint the Public Health delegates with how anglophone communities were approaching the issue of access to healthcare. Three presentations demonstrated just how well some of them are succeeding.

Telehealth rings one up

From a pilot project two years ago that involved four anglophone organizations, the CHSSN Distance Community Support Program has mushroomed into an eight-member activity reaching 750 participants across the province. This year, 12 telehealth sessions broached a wide range of health issues. The sessions have led to over 20 follow-up activities that help participants take charge of their health problems. This program has now branched into community radio (see page 5).

Acting up pays off

"It's better than pamphlets!" has been a typical reaction to the touring healthcare theatre set up by the Montérégie Network. Scripted with healthcare professionals, performed by local actors, this original and highly acclaimed show is informing anglophones about what services are available, and how to access them.

Youth and drugs are the issue

The Magdalen Islands Network for Anglophones (MINA) recounted how local schools, health providers and a regional anti-drug committee have come together to conduct an awareness campaign to stimulate action against substance abuse among young people. Surging support from the community and growing interest among youth attest to the progress that the network has been making.

Advice from the field

One of the key activities of the Forum was the workshops, where attendees discussed what English-speaking Quebecers should consider when working to achieve optimum public health services. Some of their suggestions included:

- Understand your regional healthcare system and its public health plans.
- Develop a knowledge base on your own community and build on its capacity to deal with pressing issues.
- Get to know, and develop a privileged relationship with, public partners.
- Participate in the *tables de concertation* and other public forums to share information on your community and its needs.
- Come to the table to discuss solutions, not just problems. Talk success stories and do not present anglophones as victims.
- Target the most pressing issues and start with pilot projects rather than trying to tackle all problems at once.
- Join with other anglophone groups in common cause to avoid duplicating efforts, and also join with francophones who are tackling the same issues.
- Try to dispel false perceptions about the lack of welcome for anglophones in some healthcare institutions. Work on improving relations where it is needed.

CHSSN presents plan for 2008-2013

Forum delegates having been brought up to date on the community's quest for English-language healthcare services, it was up to Jim Carter, CHSSN policy and program advisor, to outline the organization's plans for the next five years. Some of the points he raised:

"The two basic objectives in our Initiative 2008-2013 are to increase the vitality of our English-speaking communities and to improve their access to health and social services.

"Access, the main thrust of our first five-year program, is just one aspect of health that we're looking at now. For the first time, we're developing action strategies in prevention and health promotion and supporting public health activities as a priority.

"We will be developing information material, and organizing conferences and activities with anglophone communities. We will be monitoring the health of and conducting studies on the anglophone population.

"The ultimate goal is that public health strategies and activities adapted to the needs of English-speaking Quebecers will be put in place, and that they will have been developed in partnership with English-language communities.

"In presenting new requests for federal funding, we note that 85 percent of that money will be going into the provincial health and social services system to help it adapt to the anglophone communities' needs. The remaining amount will be used to build and support the community networks." □

A strategy for telling our story

Now that the CHSSN has completed its first five-year program, and is embarking on its next, the board has decided that it is time to let a broader audience know about its activities. Work has begun on developing a communications strategy for the future.

"We've accomplished so much so far," says Ron Creary, board president. "It's important for our members, and their public establishment partners, that the cooperative, and successful, efforts of our 11 networks be known and recognized. We also have to outline what is needed to continue improving access to English-language healthcare services. Raising our profile in the broader community will help pave the way."

There are different audiences to be reached in any comprehensive public relations effort – government officials, the media, the CHSSN "family" and the English-speaking public at large. A range of activities and several different communication vehicles are being considered.

A key field of action is in the political sphere. "We've already started there," says Creary. "We recently met with MNAs representing the English-speaking population: Geoff Kelley, Lawrence Bergman and Russell Copeman, who is also parliamentary secretary to the Health and Social Services Minister. We had a very fruitful discussion with them. That was the first of many political meetings we plan to organize." □

CHSSN to manage NPIs now

The CHSSN has taken on responsibility for management and administration of the province-wide networking and partnership project (HSSNPI). The Quebec Community Groups Network (QCGN) remains trustee of the funding provided by Health Canada.

"I think that the benefit of this move to the community overall will be important," affirms Jennifer Johnson, CHSSN executive director. "We're already closely tied to what the communities are doing and understand what kind of pressures they face in preparing their programs. We'll continue to help them meet their objectives."

Since its creation by the CHSSN in 2003, a major component of the

NPI project has been the solid base of knowledge and broad community support provided by the CHSSN. This new role is a next, natural step.

"This decision is good news in that it speaks to the evolution of the two organizations," says Johnson. "The QCGN's role has allowed for the emergence of 11 networks across the province; the CHSSN has evolved through its community development role into management."

The CHSSN will be working with the Volunteer Committee in soliciting and reviewing project proposals and for distribution of funds. "We'll also be monitoring finances and performance," explains Johnson. Brenda Edwards has been named NPI project manager. □

Quebec study bolsters CHSSN data

It might be 10 years old, but the 1998 Quebec Survey of Health and Social Services is a very current and statistically convincing lever in the CHSSN's quest for improving access to English-language services. Findings from this key government report have been incorporated into the CHSSN's newly-released 07-08 Baseline Data Report (BDR), fifth in a series.

"This survey is considered the 'Bible' throughout the health and social services network," says Joanne Pocock, CHSSN consultant and author of the BDR. "Most government planning and policy is still based on its findings. In fact, it is the point of reference for all the restructuring now going on within the system. So our communities will be able to use it to further their interests as change is taking place."

Tracking health problems

The government survey is notable for its very detailed data. It delves into specific health problems and practices, tracking them over a 20-year period. Heart disease and arthritis, mental illness and obesity – 30 ailments affecting the health of Quebecers are tallied and weighted.

In 17 percent of the 30 listed ailments, more anglophones than francophones were affected. This was also true for 6 of 7 of the most prevalent health problems.

That the 1998 survey also corroborates CHSSN studies on health determinants and socio-economic trends makes it all the more significant to the anglophone community. "It gives us a greater

capacity to associate our broad socioeconomic situation with specific health outcomes," says Pocock. "For example, our own survey shows that in the Gaspésie, high unemployment and low income is a real issue. With the Quebec data,

Low income is linked with increased hospitalization.

we can track what are the likely problems associated with these problems and how they link low physical activity and high obesity to heart ailments and diabetes."

More accurate dialogue

The anglophone networks have made ample use of their regional profiles; now they will be able to use this new BDR to create even more health-specific profiles. "They can zero in on the real health problems in their communities," says Pocock. "And they'll be able to accurately pinpoint what services are actually lacking in the system."

Anglophone respondents were more likely to travel more than 20 km to see a general physician.

An ironic aspect of having these new data is that anglophone communities will be talking to their public partners using the government's own documentation. "What makes the '98 survey so significant," says Pocock, "is that it actually includes information on anglophones, rare for the Quebec government. I think that we're the first to go into the provincial data bank and break it down by language. Certainly, the public institutions haven't done that."

Another point of interest is the comparison that can be made between the two language groups. "We can see that certain vulnerable groups tend to have the same problems in both languages," says Pocock. "But there are also some telling distinctions. One that I found striking is that young anglophone women are consistently more prone to mental illness than any other statistical group. What are the factors associated with their high psychological stress levels? How are we going to address them?"

Anglophones were nearly 60 percent more likely to report mental health problems. Over a 20-year period, women consistently reported high levels of stress.

Building on a solid base

There are also many questions about health policy raised by the survey. "One of the telling aspects of the '98 survey in its tracking of health policies over the previous 20 years," explains Pocock, "is the view it provides on whether government action has effectively addressed prevailing health issues. We can see that there are many health problems that are still with us and continue to grow – think mental health and weight management.

"This new BDR lines up nicely with what we've been compiling in our previous reports," says Pocock. "It more than validates the findings of all the other CHSSN studies to date. It's another building block for English-speaking communities." □

The BDR 07-08 is available at: www.chssn.org.

Funding extended for public health project

At the request of the Public Health Agency of Canada, the CHSSN has applied for, and was granted, an additional year of funding for its We Can Act project. This one-year initiative was designed to start the process of enabling anglophone communities to participate in formulating public health strategies. Because of the progress that was made over the past year, the Agency deemed that an extension was warranted.

“It was an enormous success,” says Jennifer Johnson, CHSSN executive director. “We were able to develop direct lines of communication between the public health system and the communities. This way, the communities learned just what the public health sector was and how it differs from the general health system.”

Community radio reaches ready audience

During February and March, anglophones in the Eastern Townships, Gaspé, Magdalen Islands, Outaouais and Lower North Shore were able to receive a steady flow of health information via seven local community radio stations. The Let’s Talk Health programming carried seven interviews with specialized speakers on such topics as colon cancer, substance abuse and nutrition. An hour-long phone-in show on bone health was simulcast on the Internet.

The radio broadcasting project is an offshoot of the CHSSN’s Community Telehealth program, and stems from a highly successful pilot project carried out last year by

The culmination of the first year was the public health Forum held in Quebec in March (page 1). During the next year, the anglophone community networks will work with the public health network to develop a framework of collaboration to support the work being done at the local level. A second Forum will be held in November.

“By far the most important component of this next phase is development of community public health strategies,” says Johnson. “The communities will expand on their new relationship with public health partners to align their efforts. In addition, while we continue to add to our own knowledge base, we’ll be working to have the public health authorities incorporate our data into their research.” □

the Townshippers’ Association. It was a cooperative venture, with the regional community organizations providing input on content and handling local promotion. Both they and the stations will be providing feedback and instigating follow-up activities.

“We prepared public service announcements for the stations to publicize the broadcasts,” explains Kelly Howarth, CHSSN consultant, who coordinated and animated the series. “The interviews were pre-recorded so that they could be aired at different times during the day according to each station’s schedule. This flexibility enabled us to get as much mileage as possible.” □

What is the future of English services?

Jim Carter, CHSSN program and policy advisor, was invited to write on the future of English-language health and social services in Quebec for an upcoming Canadian Heritage publication. Following are some of the concerns he has raised:

The greatest risk for the future of services for the English-speaking communities lies in the complexity of the major reform of the province’s healthcare system and how it is implemented in 95 CSSSs.

Another challenge is emerging with the introduction of service corridors that aim to provide timely access to specialized medical services. Territorial configuration of university health networks poses the possibility of changing the historical mandates of the McGill teaching hospitals network.

Anglophones’ access to clinical interventions is endangered by a serious shortage of English-speaking professionals.

Investments are required to ensure that anglophones play a meaningful role in the system.

Any challenge to the existing legislative guarantees for services in English not only threatens those services but the future of English-speaking communities as well.

“As the organization that’s been at the centre of developing community leadership,” says Carter, “the CHSSN will continue that role as architects for the future of English-speaking communities.” □

Task forces to tackle Montreal needs

In response to the recent report of the Greater Montreal Community Development Initiative showing that access to healthcare services in English is not universally available in the Greater Montreal region, the CHSSN is sponsoring the formation of task forces in each of the three administrative regions of Montreal, Laval and the South Shore.

Laval is so sorely lacking in services that anglophones go to Montreal institutions for health care in English. “The problems are most pressing for children and seniors, our fastest growing populations,” says Betty McLeod, task force coordinator. “Transportation is a major issue; so is the need for contractual commitments from Montreal’s anglophone institutions to assure that necessary services will be available in the future.”

Montreal task force coordinator Fatiha Gatre-Guermiri has the formidable task of getting representatives of 12 CSSSs and 15 community organizations to the table to determine what issues will be addressed. She is using the East Island Network for English-language Services as a model to consider. “It’s a good place to start,” says Gatre-Guermiri.

South Shore coordinator Lorraine Torpy and representatives of a local school board, parents support group and family counselling centre are focusing on three areas of concern – mental health, child psychiatry and intellectual disabilities. They are developing an action plan to present to local CSSSs. □

French networks working well

The Société Santé en français (SSF), the CHSSN’s counterpart in the rest of Canada, welcomed close to 400 delegates to its fourth annual conference held in Edmonton in February. Along with cabinet ministers, health officials and public partners, CHSSN observers were among the invited guests.

“It was a solidly packed agenda under the theme of Human Resources,” says Jim Warbanks, project organizer with the CSSS Argenteuil. “Recruit, train, retrain and motivate are their bywords. And they’re not limiting their recruiting efforts to their own community – they’re even going after bilingual anglophone youth.”

Warbanks was impressed with the close relationship the SSF enjoys with provincial politicians – ‘valued allies’ – and with the large French educational institutions across the country. “They all work hand in hand,” says Warbanks.

The Jeff aiming to support professionals

The Jeffery Hale is arranging to carry out a feasibility study on a program that would help retain anglophone healthcare professionals in remote areas of the province. The CHSSN is partnering the study, with seed money provided by McGill.

“It’s difficult enough to recruit staff to work in the regions,” says Louis Hanrahan, the Jeff’s executive director. “It’s even harder to keep them there. We’d like to offer incentives for them to stay, such as professional development and distance support. It would start as a

“It was an eye-opener for me,” says Kim Harrison, NPI coordinator for CASA. “They’re so heavily into recruitment. In Ontario, they’re in schools promoting health care as a profession as early as the elementary grades. The Manitoba group does 20 classroom presentations a year. And they’ve got the figures to show that their aggressive approach is working.”

Harrison believes that Quebec anglophones can pick up ideas – and – materials from the francophone groups. “Some of their publications are just super,” says Harrison. “As well as their recruitment handbooks, we could adopt some of their information pieces into English. For example, there is a fine English/French phrases booklet for healthcare workers and an excellent pdf on how to be a proactive patient that could be made into a brochure. The SSF website (www.santefrancais.ca) is filled with very good ‘borrowing’ possibilities.” □

pilot project in the Gaspé and the Chaudières-Appalaches regions.”

The first step is to meet with potential participants, professionals in the field. It would involve both front-line workers and supervisory staff. They will be queried on the type of information and activity that would be of most interest to them.

“We’ve set the wheels in motion for the pilot to start next year,” says Hanrahan. “If it proves successful, the program will be expanded into other regions.” □

Reaching out on diabetes

A Montreal-based diabetes awareness project is proving to be very beneficial to anglophone communities in other parts of the province. It was introduced by the East Island Network for English-language Services last year in response to new data showing a high prevalence of diabetes in that region. The project is funded by a grant from the Public Health Agency of Canada to Italian Canadian Community Services.

“Our target audiences are seniors and young people,” explains Janet Forsyth, project manager for the CSSS de la Pointe-de-l’Île. “We use a variety of personal intervention and information tools to raise awareness with these vulnerable groups. The response both here and in the communities has been very, very positive.”

In East End Montreal, dietician students have been meeting with seniors groups. Nursing students are going into classrooms in four schools to talk about diabetes risk factors and healthy lifestyle choices.

Technology and imagination are bringing the message to anglophones in seven rural communities. Telehealth sessions on diabetes have been broadcast out of Montreal. East End high school students prepared media kits that were sent to the regions for the local organizations to use. The same information is now on a website and on a CDROM for those without high speed Internet access. “Over 20 groups and institutions are involved in this project,” says Forsyth. □

MAB celebrates its 100th birthday

The Montreal Association for the Blind (MAB) is celebrating its 100th anniversary this year. In honour of this milestone, Canada Post issued a special stamp and commemorative envelope on April 21. It depicted a seeing-eye dog, and was printed in Braille, the first in North America.

The MAB was founded in 1908 by Philip E. Layton, a blind Montreal businessman. It then comprised a social club, a Braille lending library and a sheltered workshop. In 1912, a residential school was added, for blind elementary students who were subsequently integrated into their local high school. This was a first for Canada. Over the years, the MAB’s services continued to expand to include residential and long-term care for seniors.

In 2006, the MAB merged with the Mackay Rehabilitation Centre, an

institution caring for children with language and motor disabilities and for deaf children and adults. The new institution retains the two sites, but clinical services are being reorganized on an age-oriented basis. “The Mackay site will handle serving children and youth,” says Christine Boyle, executive director. “The MAB site will address the needs of adults and seniors. The main impetus for this decision is that many children have more than one impairment, so caring for them at a single site makes more sense.”

The MAB-Mackay continues to house a specialized school at each site designed for children needing intensive rehabilitation. Many go on to integrate into regular schools. All get to enjoy the Massiwippi summer camp in the Eastern Townships where even the most handicapped gets a chance to sail and water-ski. □

Learning how to get to work

The Quebec Learners Network (QLN) is working with Carleton University’s Centre for Community Innovation on a recently launched project to help youth, women and older workers to develop their entrepreneurial skills. The project is geared toward both French and English people living in rural and remote regions of Quebec, Ontario and New Brunswick.

“Traditional training in this area – such as teaching people to write a business plan – often doesn’t work for people in socially disadvantaged groups,” explains Peter McGibbon, project director. “That’s why part of the program consists of designing a

special process to help participants develop personal confidence, learn social networking, and acquire technological and financial literacy. The goal is to help them take control of their lives and overcome barriers to employment.”

To meet such challenges as distance, schedule constraints, lack of local infrastructure, and varying levels of computer literacy, a range of communications tools will come into play. They include video and Internet conferencing, satellite radio and podcasting, and self-study DVDs. Human Resources Canada and Bell Canada are funding the half-million-dollar project. □

Working smarter, stronger, together

Too few people carrying too heavy a load is the bane of most volunteer organizations in sparsely populated communities. While their accomplishments can be stellar, the toll on personal and community resources is becoming problematic. That issue was tackled at a meeting held in March in the Gaspé region, one that produced some good ideas for Strengthening our Social Capital.

“There were people from 26 anglophone organizations there,” says Cynthia Patterson, of Vision Gaspé Percé Now, who facilitated the meeting. “We started by having them put on a hat for each of their volunteer activities. That was an eye-opener: some people put on 10 hats, most were wearing at least five.”

The discussions that followed focused on whether this kind of burden was sustainable, for either the individual or for the community. “The point was that we weren’t talking about closing things down,” says Patterson, “It was about assessing our needs and doing things differently to address them. Our NPI demographic data certainly helped present some hard truths.”

There was talk of sharing skills and expertise. It was decided to draw up a community calendar to avoid overlapping of schedules and events. A translation will be sent to the regional French paper to reach the broader community.

“We made some real progress,” says Patterson. “The response was overwhelmingly positive, I’m very excited about the possibilities.” □

Good news on the provincial front

There have been two recent developments stemming from provincial action on English-language services in Quebec that warrant recognition – and relief.

Cabinet approves action plans

The Quebec Cabinet issued a decree in December that approved the access programs for English-language services submitted by the regional Health and Social Services Agencies. “There were substantial gains over previous programs,” affirms Ron MacNeil, secretary of the provincial advisory committee for the delivery of English services.

“These new programs are valid for three years,” MacNeil says, “but as local CSSSs develop their new services organization, access programs will become part of their overall planning. This is a major improvement over past policy.”

Minister fine with federal funds

Dr. Philippe Couillard, Quebec Health and Social Services Minister, has written a letter to the provincial committee for the delivery of English-language health and social services, indicating his approval of additional federal funding coming into the province to improve access to those services. The Minister referred favourably to the many initiatives that have already been integrated into the province’s access programs. He also endorsed the committee’s recommendation that the federal/provincial agreement for financing such access initiatives be renewed. □

The CHSSN

The Community Health and Social Services Network (CHSSN) is a network of community resources, associations and public institutions dedicated to the development of health and social services for English-speaking communities in Quebec.

The CHSSN’s objectives are to:

- Foster projects and initiatives, through partnership and network building, to promote access to English-language health and social services, and support community vitality
- Create new knowledge and provide information on English-language communities and their needs
- Promote, evaluate and disseminate successful models of organization of services
- Promote informed public policy supporting the vitality of English-speaking communities
- Support conferences and other forms of consultation on health and social services for English-speaking communities

Any organization interested in becoming a member of the CHSSN may contact us at:

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