

## CHSSN/CROP charts change

The most recent appraisal of access to health and social services in English in Quebec paints a mixed portrait. The 2015-2016 CHSSN/CROP survey on community vitality notes some improvement in services availability and a steady and strong contribution from community organizations. It also highlights some continuing areas of concern, particularly for seniors and youth.

This survey is the third in a series: others were previously conducted in 2005 and 2010. Some 3,000 English-speaking residents of the province responded to a questionnaire soliciting their perceptions and experiences concerning a wide spectrum of matters affecting their lives and their communities. As in past years, the questionnaire was created through consultation with community organizations and stakeholders from key sectors of society: health and social services, education, justice, arts and culture, employment and economic development, and social participation.

“Language barriers continue to rank as a key issue in the wellbeing of English-speaking Quebecers,” says **Joanne Pocock**, CHSSN consultant and author of the report. “It is predominant in the delivery of health and social services, and is also a strong concern in the area of education and employment.”

One standout issue is that, over the past five years, there has been a

notable decline in information in English available from public health institutions on health promotion and prevention programs. “We can only speculate as to why,” says Pocock. “There was a change in government and, then, a major overhaul of the health system. Over three-quarters of survey respondents believe that its recent restructuring threatens access to English-language health and social services.”

During the same survey interval, community organizations held their place as an important source of healthcare information, especially for seniors. And concern grows about the advanced rate of aging in that demographic. “Quebec as a whole faces that issue,” says Pocock, “but anglophone seniors are well ahead of the growth curve. Nearly a third of respondents expect to need public homecare services, for themselves or someone they know, within five years.”

There is overall dissatisfaction among survey respondents with an educational system that does not provide sufficient French-language training for employment in Quebec. Lack of employment services in English is also a problem. But despite linguistic challenges in employment and opportunity, 40 percent of younger English-speakers think that things are going to get better in the next 20 years.

*Survey results are tabulated in two reports: one on access to services, the second on community vitality, both available at: [www.chssn.org](http://www.chssn.org).*

### Some responses of English-speaking Quebecers to CHSSN/CROP survey

- 77% feel that the restructuring of Quebec’s healthcare system threatens access to its services in English
- 66% see no improvement in their situation over the past 20 years, while 40% of younger respondents see improvement over the next 20 years
- 74% had not received information on public health prevention and promotion in English for the past two years
- 32% of seniors rely on community organizations for health prevention and promotion information
- 94% believe English school boards are important to the future of the English-speaking community of Quebec
- 78% feel lack of French-language skills reduces employment opportunities
- 43% feel that French-language job training is insufficient
- 39% feel employment services in English are lacking
- 35% of respondents expect to need public homecare services within five years
- 88% would support creation of an office of anglophone affairs within the government of Quebec

## A critical meeting

When CHSSN's priorities committee and Health Canada's official minority languages project team met in December, there were pressing issues to discuss. Health Canada is currently evaluating the federal funding program that supports the efforts of Quebec's anglophone communities to improve access to health and social services in English. At the same time, CHSSN networks are involved in adapting their strategies and planning in light of major structural change within the province's healthcare system.

"It's critical that Health Canada be aware of the benefits that its funding is creating," says **Jennifer Johnson**, executive director. "The team explained to us their responsibility to demonstrate the relevance and effectiveness of the funding program. So we provided the information they would need to justify continued federal support."

The meeting began with a special baseline report by **Joanne Pocock**, CHSSN demographics consultant, on the situation of English-speaking communities in Quebec. "This type of evidence-based research is unique," says Johnson. "And it seemed to give the Health Canada team the information they need.

"So did the success stories of our 20 networks," Johnson affirms. "We'd prepared a binder of case studies to give Health Canada a better understanding of what's actually happening on the ground. And the executive directors were there to expand on their experience. Their stories were valuable examples of where federal monies are going."

## Accreditation, interpretation on the agenda

*During the information exchange meeting with Health Canada in December, CHSSN took the opportunity to discuss two new research projects aimed at improving access to English-language health services in Quebec:*

*Accreditation of healthcare institutions that would include language access as a criterion of services quality, and availability of language interpretation as a standard service for the English-speaking communities of Quebec.*

## Accreditation pilot posts positive results

Results of a CHSSN pilot study on developing linguistic standards for healthcare institutions were so promising that Health Canada has extended its funding for another two years. "We now have consensus across Canada that language access is a key determinant of health safety quality," says **Ghislaine Prata**, CHSSN consultant.

Over the next three years Accreditation Canada will be including questions on language access in its accreditation procedure for all Canadian health institutions. "We've put forth seven questions that specifically target Quebec's English-speakers who use public health services," says Prata. "That

would give us excellent feedback on client satisfaction in our establishments when drafting future access programs and in evaluating their effectiveness over time.

"We have a particular challenge in Quebec," explains Prata. "The massive restructuring of our health system means that responsibility for accreditation standards has switched from individual installations to the new centralized healthcare centres. But we're so very pleased at the excellent collaboration of our Quebec Accreditation Council. In fact, the Ministry has asked us for recommendations on access policies and procedures for English-language services."

## Interpreters can improve access

Although the use of interpreters to facilitate navigation of healthcare systems by minority language groups has gained credence and is widely employed elsewhere in North America, in Quebec provision of such a service is spotty at best. However, a study just completed by CHSSN consultant **Mylène Kosseim** provides the basis for a new approach to interpretation practice in the province.

Kosseim reports that there are four formal interpretation services in 14 cities, but they are not used for

English, that some establishments maintain a list of bilingual staff, that in general the task is left to bilingual staff and family members. "These informal *ad hoc* approaches can lead to misunderstandings that affect health quality and outcomes," says Kosseim. "We are proposing some basic needs to be met, such as translated documents, language training for professionals, hiring and training of bilingual employees." The CHSSN will be discussing the recommendations with the Ministry.

Report available at: [www.chssn.org](http://www.chssn.org).

## Mental health survey confirms concerns

*“Everywhere there was difficulty in accessing mental health information as well as mental health prevention and treatment services in English.”*

Mental wellness has long been assumed to be a major factor affecting the health and wellbeing of English-speaking Quebecers, but now there are numbers to support observations from the field. CHSSN consultant **Joanne Pocock** has compiled a report drawn from the Canadian Community Health survey of 2011 that could prove to be an important tool for organizations promoting access to mental health services in English.

“There was a strong need for reliable, evidence-based knowledge of the mental and emotional health of English-speakers,” says Pocock. “This study could help community organizations and decision-makers to take effective action.”

Five community organizations responded to the survey. The **Townshippers Association** noted that the results are consistent with their experience, such as “high levels of individuals who rate their health as poor, higher rates of anxiety, lack of available doctors and language barriers to healthcare access.”

**YES** employment services notes that anglophone youth are more likely than their francophone peers to be unemployed, that only one-third felt their mental health was excellent, that they are nearly ten times as likely to report high levels stress, and that their lives lack a sense of direction.

**AGAPE**, with its culturally diverse community, confirms a serious lack of family doctors and access to mental health services in Laval that force 41 percent of anglophones to resort to services

outside the territory to avoid facing the burden of language barriers.

*“Language barriers are particularly formidable for the minority community.”*

**LEARN** is concerned about findings regarding the low levels of self-esteem among anglophone youth, their high levels of stress and their strong sense that their competencies are not recognized.

For **AMI-Quebec**, mental health problems among seniors derive from lack of close relationships that provide them with a sense of emotional security and wellbeing. Young anglophones report lower levels of life satisfaction and a weaker sense of belonging than their elders. Anxiety is highest among those 45-64 years, probably because of higher caregiving responsibilities.

Report available at: [www.chssn.org](http://www.chssn.org).

## Sitting on the board is good for the community

A positive aspect of the overhaul of Quebec’s health system is that there are now members of the English-speaking community sitting on boards of the new regional health centres. As well as bringing an anglophone presence into the workings of the public system, these new “ambassadors” bring a better understanding of the public system back to their communities.

**Mélanie LeBlanc**, executive director of Heritage Lower Saint Lawrence, was named to the board of the CISSS Bas-St-Laurent. She serves on the Human Resources Committee and the Quality and Vigilance committee.

“This is not a place for us to do advocacy for our own community,” LeBlanc says. “Our main function is to increase the value for the people who pay for the system. But we can influence some decisions: I was able to convince the board to include information in English on access plans on the Centre’s new website. If I hadn’t been there, it wouldn’t have happened.”

**Josie Primiani**, co-founder and president of Montreal’s Centre of Hopes and Dreams and the EAST Foundation, is on the board of the CIUSSS de Nord-de-l’Île-de-Montréal, and serves on the Governance and Ethics committee.

“My personal challenge is for improving the situation for English-speakers while doing the best for the broader community. I believe it’s very important for me to be there.”

**Helena Burke**, executive director of the Council of Anglophone Magdalene Islanders, is on the board of CISSS des Îles-de-la-Madeleine. “I was able to intervene concerning a users’ survey on emergency services to make sure that when results were tallied that they would differentiate between language groups,” says Burke. “So we’ll have a measure of anglophone satisfaction to know what to work on for the new access plans.”

# Improving the mental health of English-speaking seniors

Nearly a quarter of Quebec's one million English-speakers are over 55. Yet according to the most recent CHSSN/CROP poll, barely a third received health and social services in English over the past two years. Two-thirds expect to require public homecare services within the next five years. But there are major challenges to their receiving the services that they will need.

"They are a very vulnerable population," says **Russell Kueber**, CHSSN project manager and author of a new publication, Improving the Health and Well-being of English-speaking Seniors in Quebec: A Community Model. "They face language barriers, access barriers, lack of awareness of their needs and a minimal representation vis-à-vis service providers. A surprising number are living alone in very low income situations. Because of widespread emigration of family members, many are socially isolated and bereft of at-home caregivers."

This new document prepared by Kueber, in collaboration with a broad cross-section of community organizations involved with seniors, is designed to help inform and guide

*"Quebec's English-language organizations and networks are well positioned to support service providers in linguistic and cultural adaptation of programs and services targeting vulnerable English-speaking seniors in their region."*

the province's English-speaking communities and their institutional partners to better adapt programs and services to improve the mental health and well-being of seniors in their communities. It describes how community organizations and

networks on the front line have already designed and implemented successful strategies to address the challenges seniors face, aligning their action with the government's overall strategy on healthy aging, and how they can form the basis of future action.

## Core values count

This 'community model' is based on three core values that would support the overall development and vitality of anglophone seniors:

**Preservation of identity:** value the contributions of seniors by empowering them to take more responsibility for their own health and wellbeing;

**Social inclusion:** nurture seniors' capacities and engage them in decision-making especially as it concerns adequate living conditions;

**Equity:** allow them a fair share of opportunity, resources and support while ensuring that government and institutions are made aware of their needs so as to develop policies and programs to address them.

## Areas of action

The model takes an inter-sectoral approach to addressing the complex barriers that have an impact on the mental health and wellbeing of seniors, and emphasizes the importance of joint action by the community and its institutional partners. It defines the **five broad priorities** that will have the greatest impact on the health and wellbeing of English-speaking seniors:

adaptation of health and social services programs; health promotion and disease prevention; homecare support and living arrangements; reduction of isolation; and caregiver support. It cites the need for more professionals to be involved in providing basic primary care and information, affordable housing and accessible transportation, and more social participation.

## Examples abound

"Over the past decade, there have been some wonderful mobilization efforts instigated by English-speaking networks on behalf of seniors," affirms Kueber. "Jeffery Hale Community Partners, in the Québec region, operates a gamut of volunteer services that bring a superior level of autonomy to its senior clientele. 4Korners in the Laurentians introduced an effective program on elder abuse. Coasters Association has set up a long-term care residence that benefits both anglophones and francophones on the Lower North Shore. The Cummings Centre in Montreal runs a very popular program of distance learning for its senior clients. REISA in East End Montreal produced a splendid comprehensive guide to healthcare services for English-speaking seniors in its territory.

"Our model is not limited to healthcare," says Kueber. "It also includes strategies for improving social, cultural, economic and environmental conditions. It aims to support English-speaking seniors in achieving their highest possible level of autonomy and independence."

Report available at: [www.chssn.org](http://www.chssn.org).

## Seniors have their say

English-speaking seniors in Quebec are starting to be heard. Seniors Action Quebec (SAQ) has opened up lines of communication through a series of focus groups, held in four regions of the province, at which seniors gathered to discuss the issues that most concern them. The ultimate aim of this exercise was to mobilize their communities into taking action on these issues.

“There are nearly 267,000 English-speaking Quebecers over 55 years old,” says **Ruth Pelletier**, SAQ executive director. “Their numbers are growing, as are their needs. So it’s time that we spurred some remedial action and, importantly, that we involve seniors themselves in the process.”

The focus groups, organized by local NPI networks, were held in 15 communities in Gaspé-Magdalene Islands, on the North Shore, in the Outouais and Quebec City regions. The four top priorities that emerged from these discussions were: the need for centralized information on local services, access to health programs and services in English, improved home support and living arrangements, and transportation.

“One lesson we learned was that each region, and even each sub-region, has its own particular characteristics,” Pelletier says. “Each has its own institutional resources and organizational style. So they will bring their singular approach to the problems at hand. As for the SAQ, we see ourselves in the advocacy role of increasing the awareness of both English-speaking seniors and also the organizations working on their behalf.”

## New programs on the agenda

Good news from Health Canada. The CHSSN has just received two years of additional federal funding from the Department to address emerging issues in English-language communities of the province.

“A significant portion of these monies will be going to health promotion,” says **Jennifer Johnson**, CHSSN executive director. “We’re looking at two segments of the population in particular: seniors and youth. To improve the lot of anglophone **seniors**, our networks will be supported in developing, with public partners, more wellness centres for seniors in the regions.

“We’ll also be introducing a completely new approach to **youth health promotion** activities, focused around schools,” Johnson adds. “It will not only have an important impact on their health and wellbeing, but also on their level of engagement in the community. We want to see them more involved in volunteering, for example, and in developing their leadership skills.”

Funding will also be available to help a number of organizations that sponsor wellness programs to **diversify their funding** into the private sector. By teaming up with other charitable groups and private organizations, they would be able to supplement their resources so that their activities would become sustainable in the long run. It is hoped that this project would set the template for other networks to follow in the future.

The CHSSN will continue to provide resources to support **Seniors Action Quebec** to carry on

its work with the networks in the regions that are implementing priority projects that deliver services to seniors.

There is also new funding to create recommendations on **developing access programs**. A project being designed in collaboration with the Quebec Health Ministry, it will provide an administrative tool to assist newly-appointed respondents in public establishments who are responsible for developing, implementing, evaluating and improving access plans. And it will reflect the needs of the English-speaking community. New access programs are scheduled for 2017, so recommendations will be in place when the renewal process begins.

Some monies will be dedicated to developing **new NPI territories** over the next few years. The CHSSN is now working with five community organizations to help them develop the capacity to work with local partners in improving access to English-language services.

The CHSSN is also working with **Concordia University**, to create a program to develop leadership capacity within the networks.

More funding will be provided for the work of the **Montreal Community Network**, and the English Health and Social Services **priorities committee**.

An information-sharing program will be set up with the **francophone health and Social Services network** outside development of multi-site access programs.

## ARC on course

There were kudos galore for the second regional health fair held in the fall on Montreal's South Shore. Organized by the Assistance and Referral Centre (ARC) and its community and public partners, the fair's 40 exhibitors attracted over 250 visitors, including the Minister of Health and Social Services, Gaétan Barrette.

"Our first fair focused on mental health," says **Colin Coole**, ARC executive director. "The theme this year was Healthy People, Healthy Communities. To preserve the message for future promotion, we filmed a 30-second clip at each kiosk in which the exhibiting organization described what services they offer, then merged their remarks into a 20-minute video."

The fair site, on the Mohawk territory of Kanawake, highlighted the burgeoning relations between ARC and the Mohawk community. "We want to reach beyond our own community," says Coole, "so we've been nurturing a relationship with Mohawk community services. That idea is starting to gain traction."

Guest speaker at the fair was **Suzy Goodleaf**, a Mohawk activist who spoke about the Truth and Reconciliation Commission. "She gave a powerful message on what First Nations people have gone through," says Coole. "We filmed her speech, put it on YouTube and shared it with our other networks."

All the exhibitors have put next year's fair date on their agendas. So has the Minister: "I'll have a 100 percent attendance record," vowed Dr. Barrette.

## Making Connexions

The challenge of raising a child with developmental difficulties is daunting in itself; without the support of adequate social services, it becomes a formidable burden. As a first step in addressing this need in the Outouais region, Connexions has started a project to help parents of children with special needs

"In my previous experience as a school commissioner, I've observed this problem over many years," says **Danielle Lanyi**, executive director. "These parents need support, and they need to be well informed, but there's not very much out there, particularly for the English-speaking minority."

In March, Connexions held a World Café for parents, a type of discussion group designed to create an environment conducive to people expressing themselves in a positive way, to create conversations around questions that matter and resolution of outstanding issues.

"It was a really successful meeting," says Lanyi. "They were all thrilled to have such an event in English. And while there was a good deal of frustration expressed, there was also a lot of constructive input. One strong demand was that there be a single source for information about available resources. So we're going to build a special section on our website for a resources list -- one parent volunteered to put it together for us."

"What really came across," says Lanyi, "was how isolated some of these parents feel. By next year we hope to have a support group for them up and running."

## Confidence building

"Until you deal with their problems of self-esteem, it's more than difficult to broach important health promotion issues like nutrition, physical activity and other health indicators," asserts **Cheryl Leggo**, executive director of Vision Gaspé Percé Now. That is why Vision has been involved with local schools to carry out a program for improving the self-esteem of adolescents in the Gaspé. It seems to be progressing well.

"We started a couple of years ago with an anti-bullying campaign," says Leggo. "Then we developed a new program called I Am Me that addresses the question of body image. Vision staff, with special training, first started giving workshops in high school, then we adapted it for elementary classes."

Participation of both groups was very enthusiastic. A video was prepared with the elementary students holding up signs using positive messages to describe themselves. These were made into a slide show that was posted on Vision's YouTube page. There has been very positive feedback from the school, and the community.

"Kids at the polyvalent were so keen that they created their own song and played the music themselves," says Leggo. "Each wrote a positive slogan starting with 'I believe' and recorded everything at a studio in Gaspé that offered them space and time. We're going to present the video to the community at a special launch. The kids are over the moon about doing their own music. It's all pretty amazing, and a real boost for their self-esteem."

## Inter-regional survey highlights major issues

*“I don’t think it’s always a discrimination thing, but I think some members of the staff feel intimidated when they have to speak English to a patient, so maybe they avoid them.”*

The plight and problems of English-speakers who must travel outside their regions for medical care has been the subject of much concern for some time. There has been anecdotal evidence that it can be a costly, emotional, and lonely experience, especially for those who are not fluent in French.

An inter-regional study just released by the CHSSN opens a window on what is actually happening in the regions, and what are the main challenges that need to be addressed to improve the situation.

Two CHSSN networks led the study: Jeffery Hale Community Partners in Quebec City and CASA in New Carlisle, with five other NPIs and their regional partners also taking part. A total of 847

English-speakers in the regions were surveyed, and 85 participated in 13 focus groups.

Their responses crystallized five basic issues that seriously affect access and quality of care for anglophones in Quebec.

### 1: **language barriers between patients and healthcare staff.**

Almost 85 percent of survey participants claim to be more comfortable talking to a healthcare provider in English, but there is great disparity in bilingualism among healthcare staff. Lack of English communication can lead to serious misunderstandings, and less than optimal health outcomes.

### 2: **written information in English is inconsistent.**

This situation becomes worrisome when consent forms are presented in French, if patients do not know what they are signing. Over a third of respondents claim to have received homecare information only in French when they are discharged.

3: **interpretation.** Many patients bring along a support person who can interpret for them. However, this involves significant costs and can be a challenge due to medical terminology and the sensitive nature and confidentiality of healthcare information. There is not often professional interpretation available.

4: **unfamiliarity with cities and hospitals:** Patients need practical information and orientation in English before leaving home. However, this information is neither centralized nor readily available.

5: **costs can be significant** for people who need services outside their region, particularly those who must stay away for an extended period, for outpatient stays, or pay for an accompanying person.

6: **transfer protocols** can generate additional stress. There are cases of sick children being flown out to a Quebec hospital alone, with their mothers having to arrive later.

Report available at: [www.chssn.org](http://www.chssn.org).

## Learning about the law

The tiny population of English-speakers on Quebec’s North Shore is becoming better informed about the province’s legal system, thanks to a program recently introduced by Neighbours Regional Association of Rouyn-Noranda. By plugging into the resources of Educaloï, a nonprofit organization dedicated to educating the lay public on legal matters, Neighbours is bringing essential information to members of its community, on legal issues that affect them, in English.

“We ran two workshops on new rules governing wills and mandates,” says **Sharleen Sullivan**, Neighbours executive director. “The first was mostly attended by seniors, but the second drew a younger crowd. Educaloï tele-conferenced the workshops from Montreal and provided binders of material for attendees to consult on their own.”

As a follow-up, Neighbours has created a data base of lawyers and notaries in the region that would

provide services in English and has found three legal offices in the region willing to volunteer to do future workshops in English.

Neighbours has also introduced information on legal careers to local schools and promotes the Educaloï programs on its website. “It’s all having a ripple effect,” says Sullivan. “We’re now planning workshops on health law and our rights under the new healthcare regime, family issues and real estate.”

## Dealing with diversity

Montreal's South Shore is home to a continuously growing influx of people from different cultural communities. Over 30 percent of these new arrivals claim English as their first official language. So adjusting to this social change could be a challenge for some in the host English-speaking community.

"That's why we're supporting a series of study groups on diversity and intercultural relations," says **Kevin Erskine-Henry**, chair of the South Shore Community Partners Network. "The idea is to overcome such cultural barriers as stereotyping and ethnocentrism, and instead to promote cultural awareness.

"I also look at it from a health point of view," says Erskine-Henry. "More and more employees from diverse cultures are now working in our establishments, particularly nursing homes, so it is of benefit to help our older population adjust to this change."

## Montreal Table meets

A lively exchange of ideas took place on March 30 when members of the Montreal Community Network met with representatives of the region's new health and social services centres (CIUSSSs). Under the theme of Community Models for Health Promotion and Public Partner Engagement, members illustrated cases of successful community/public partner health promotion programs, while the panel of public service providers presented their perspective. Both sides agreed that such collaboration was of mutual benefit.

## On CI(U)SSS boards

With the reorganization of the province's healthcare system, some individuals associated with NPI networks were appointed to the new Health and Social Services Centres:

**Normand Baker**  
**MCDC**  
 CISSS de Chaudière-Appalaches

**Helena Burke**  
**CAMI**  
 CISSS des Îles

**Colin Coole**  
**ARC**  
 CISSS de la-Montérégie-Centre

**Gerald Cutting, Rachel Hunting**  
**Townshippers' Ass.**  
 CIUSSS de l'Estrie

**Mélanie LeBlanc**  
**Heritage Lower St Lawrence**  
 CISSS de Bas-St-Laurent

**Ghislaine Prata**  
**REISA**  
 CIUSSS de l'Est-de-l'Île-de-Montréal and  
 CISSS de Lanaudière

**Josie Primiani**  
**EAST Foundation**  
 CISSS de Nord-de-l'Île-de-Montréal

### Anniversaries

**Mental Health Estrie** celebrates its 10th anniversary.

**Neighbours Regional Ass. of Rouyn-Noranda** is 20 years old.

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### 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

For more information on the CHSSN, visit the website or contact us at:

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