

## New measures will advance access to English services

"The Quebec government's renewed commitment to respect legislative guarantees has given the English-speaking community a marvelous opportunity," says Jim Carter, CHSSN coordinator. "We've been able to develop three very innovative measures for improving access to English-language health and social services across the province. They concern primary health care, community networking and language training, and retention of professionals in the regions."

The projects will be funded with a federal contribution of \$27 million over five years. "With the revision of access programs scheduled to take place in the coming months, this development could not come at a better time," Carter affirms. "As these initiatives dovetail, Quebec and the English-speaking communities will work together to ensure that their results are included in the new access plans."

Quebec has also indicated an interest in signing a new Canada-Quebec agreement that would provide a federal contribution to Quebec's initiatives in improving access to English-language services. "In the past," says Carter, "this funding has supported the regional coordinators, document translation and other measures developed by regional boards and English-speaking communities. We hope that a new agreement will be concluded early in the new year."

## Access committees reactivated

The return of Quebec's advisory committees on access to English-language services marks a new era in health care politics in this province. Respect for access guarantees was a Liberal party election promise, and the new government moved on the issue shortly after taking power. Its July call for nominations to the provincial advisory committee met with an enthusiastic response.

"We received hundreds of names of very highly qualified people," says Russell Williams, parliamentary assistant to the Minister of Health and Social Services. "I'm not at all surprised; our community is very committed to health care access. So we were sensitive to appointing people from the various regions, particularly those where the English-speaking population is sparse."

Members of the new committee are Ralph Bienstock (Laval), Jim Carter (Montréal), Vicky Driscoll (Côte-Nord), Marjorie Goodfellow (Estrie), Judith Grant (Outaouais), Jennifer Johnson-Blouin (Québec), Maria

Piazza (Montréal), Lorraine Torpy (Montréal), Michael Udy (Montréal), Karl McKay (Gaspésie-Iles-de-la-Madeleine), and Aline Visser (Chaudière-Appalaches).

"We believe that the structure of the Health Act which contains guarantees for access to English-language services is very sound," affirms Russell. "It has served the community and the government very well in the past. The committee is a cornerstone of those legislative guarantees; if it comes up with other mechanisms for improving access, they'll certainly be considered."

The Ministry also announced the reactivation of its Secretariat on access to English-language services. Its role is to act as interface between the provincial committee and the government. Next on the agenda is the naming of regional advisory committees who will oversee new access plans across the province. "It's all part of our commitment to respect both the letter and the spirit of the law," says Russell.

## Important new resources online

The most comprehensive listing of English-language services in Quebec is now available on the CHSSN Web site. Over 140 organizations and institutions across the province have agreed to integrate information on their resources into the CHSSN's listings and maps. "It is the first time we've had such a listing," says Jim Carter, CHSSN coordinator. "I hope

that our members take full advantage of this important new resource. It's a boon for all English-speaking Quebecers."

The *CHSSN Community NetLink* is a newsletter serving the members of the Community Health and Social Services Network. It is also available online at: [www.chssn.org](http://www.chssn.org)

## Building communities to build their future

A unique and far-reaching new networking program presently being launched in Quebec is expected to give a major boost to the vitality of its English-speaking communities. It is based on their developing partnerships with local organizations and health care institutions. The ultimate goal is to build the communities' capacity to play an active role in the health and social service system – and in their future.

“Building such formal networks will have a very positive impact on accessibility of health care services,” explains Deborah Hook, executive director of the Quebec Community Groups Network (QCGN). “And having anglophone communities develop themselves is fundamental to their survival.”

Having worked with Health Canada to set objectives for the program, the QCGN was designated to supervise its implementation and its finances. “We’re responsible for ensuring that it is run effectively and fairly,” says Hook.

To that end, the QCGN will be setting up an external committee to select communities for participation. Each will have to develop its own network according to its particular needs and resources. The emphasis is on designing initiatives that will improve, develop and maintain access to the full range of health care services in English.

There will be very strict criteria to follow. To ensure that these and the program objectives are being met, the Community Health and Social Services Network (CHSSN) will be providing support to communities that have been accepted into the program.

“Once they’ve been confirmed in the program, we’ll help communities to develop their plans and ensure that they are implemented effectively,” says Jennifer Johnson, project coordinator at the Holland Centre. “Many won’t have had experience in networking; we can help to clarify how the process would affect their community.”

The fledgling networks will also benefit from the resources and experience of the CHSSN. “We’ve become very familiar with community development,” says Johnson, “so we can provide the support necessary to put these new networks together. We’ll help communities to determine what their knowledge base needs are and help them find resources. We’ll be with them throughout the process.”

Not all proposals can be accepted, of course, and those that are will not necessarily be launched at the same time. The various networks will be introduced over the five-year span of the program. Selection criteria will be made available in early 2004; applications are to be for projects that will begin in 2004-2005.

Progress of all projects will be very carefully monitored. “We’re taking great pains to ensure that the appropriate projects be chosen and that the program’s objectives are met,” says the QCGN’s Hook.

## CASA presents brief to Commons Standing Committee

During its hearings on access to health care, in October, the House of Commons Standing Committee on Official Languages invited CASA to present a brief on the situation in the Gaspé. Having conducted extensive surveys in the region over the past two years, CASA was well prepared to describe the general lack of English services and the extent of anglophones’ concern about it.

“We talked about some of our major concerns,” explains Kim Harrison, CASA executive director. “There is a serious lack of bilingual services and/or qualified staff in our region. Health promotion and prevention programs are rare. There is little representation of the English-speaking population on health care boards and committees. There is a lack of communication between

service providers and the anglophone population.

“Bill 101 had a serious impact,” says Harrison. “People don’t know who the service providers are because they don’t send out information in English. And many anglophones lack the skill to look for services. As a result, they’ve become resigned to not having them.”

## Holland studies adult mental health

The Holland Centre recently launched a study on mental health among adult anglophones that is breaking new frontiers. It is the first of its kind to be done in the Quebec City area. And the Centre, a non-profit community organization, has commissioned a public body, Santé-Publique, to do the job.

“It’s a win-win situation for us,” says Richard Walling, the Centre’s executive director. “By working with the public sector directly, we not only raise their awareness of the needs of our community, but we also get their buy-in into finding the right solutions.”

It has been well documented that language barriers can cause major difficulties in the provision of mental health care services. Another concern is knowing who actually requires such care. “Those with intense, chronic illnesses will already be within the system,” says Walling. “But how many with transitory problems like depression or emotional disturbance are not receiving care? Both these issues are being addressed in our study.”

Both users and non-users will be surveyed on their perception of, and satisfaction with, available services. The interaction among establishments providing English-language services will be analyzed, as will potential new alignments among them. This approach also interests the Quebec Regional Health and Social Services Board; it has helped share in the funding of the study.

## MedicAlert protection

A familiar name to most people, MedicAlert has been providing its special medical ID service in Canada for over 40 years. This organization provides customized bracelets and necklaces to people with medical conditions or special medical needs that professional responders should know about in case of emergency. Because it has a charitable mandate, MedicAlert can assist families in financial need become members. It also supports communities through its outreach programs, such as KidsProtect, for children with health conditions.

A million Canadians – including 138,000 Quebecers – are members of MedicAlert. “We’ve had an office in Montreal for four years now,” says Robert Petit, regional director, “so that we can offer our bilingual services directly to Quebecers.”

## Committee tables its recommendations

The Standing Committee on Official Languages is recommending that the federal government create an inter-governmental cooperation program, administered by Health Canada, that would support provinces in providing health care to minority language communities.

It also affirms that the Canadian Government should highlight this issue in future discussions with the provincial and territorial governments, and that it should ensure that official language minority communities be represented on the new Health Council.

## International adoption can be a challenge

With more and more Quebecers adopting children from foreign countries – over 1,000 last year – the problems associated with parent/ child adjustment are becoming more and more visible. A program being offered to parents by the CLSC Lac-Saint-Louis in Montreal tackles the issues that could arise both before and after an international adoption.

“Many people do not understand the implications of international adoptions,” says Ruth Bresnen, director of Multi-clientele Services. “We have a team of psychosocial and health experts who guide the parents through a self-study of the reasons for their decision and their preparedness to meet the challenge. It just might not be right for them.”

Until now, there has not been much help for parents having difficulties after the child becomes a member of the family. “Many new parents forget that the child has to adopt to the new family as well,” says Brebner. “Cultural differences, or a sense of abandonment, can cause severe emotional stress, even in very young children. In fact, both sides bring a lot of baggage to the relationship that must be sorted out.

“We hold information sessions and discussions in a group setting,” Brebner explains, “but individual psychosocial and therapeutic consultations are also available for those who might need them. This assistance isn’t limited to Montrealers. We’re very open to networking with organizations in other regions.”

## Primary health care to be revamped

In what could result in an important reorganization of health care services to isolated anglophones, the Community Health and Social Services Network (CHSSN) has developed a different approach to delivery of primary health care. It is a three-pronged project, which focuses on improving the capacity of Info-Santé to respond to anglophone needs, on provision of services for isolated anglophones and on bettering living conditions for anglophones in institutions.

“We have received a grant of \$10 million from Health Canada to implement these new measures over the next two years,” says Jim Carter, CHSSN coordinator, and promoter of the project. “While CHSSN will be administering the project, it will be developed in partnership with the communities and the province’s new regional health agencies.”

Representatives of the different partners will form a management committee responsible for steering the project to completion. “This is not a pilot project,” Carter affirms. “It’s a transitional program of action that will raise the level of primary health care delivery in our communities. Once in place, all these new measures should be self-sustaining.”

### Making Info-Santé better

Since its inception, Info-Santé has been less than successful among anglophones. First of all, they don’t make much use of the service, and among those who do, many cannot

get served in English. Among the measures CHSSN is proposing to rectify this situation are improved language training for the Info-Santé telephone responders as well as translation of pertinent documentation. As quality and breadth of its services improve, Info-Santé would be promoted throughout the anglophone community in local information campaigns.

### Regrouping services works

When anglophones are widely dispersed in a region, they do not form the critical mass that would warrant a complete range of health care services. Regrouping services on a multi-territorial or client basis, with a central access point, would provide more services for more people, however. The Holland Centre has proven how well such an approach works.

“We now have five organizations operating under one roof to serve the English-speaking community in the greater Quebec area,” says Richard Walling, executive director of the Centre. “We got there by abandoning the advocacy approach — knocking on doors asking for services — and turned to developing our own capacities first. Then, we were able to show the public establishments what we were capable of and how we could work together to provide more services.”

The goal of the CHSSN project is not to replicate the Holland experience everywhere, but to adapt these principles where they can be

applied. According to Walling: “The community has to become an expert on itself, to be truly knowledge-based. And it also must become an expert on the system, understanding its priorities. Then it can work to bring the two entities together.”

### At home in institutions

The plight of anglophones isolated in long-term care centres would be addressed following the model developed by Saint Brigid’s Home in Quebec. There, residents are being regrouped into units according to their particular needs, with staff and services assigned to meet those needs. The system has proven to be both well received and cost-effective.

“The idea would be to ‘cluster’ the anglophone residents into an area where they would be able to interact in their own language,” says Louis Hanrahan, executive director at Saint Brigid’s. “This would provide them with cultural and linguistic comfort as well as a social network inside the institution.”

### Fits into government plans

“All three elements of this project have been carefully developed to fit within the Ministry’s plan of action and its commitment to legislative guarantees,” says Carter. “We’re providing the administration and financing and the service models for the transition. In the next two years, we hope to see the results in the province’s access plans for English-language health care services.”

## **QCGN sounds the alarm in Ottawa**

Invited by the Privy Council to brief federal government ministers on Ottawa's minority language efforts in Quebec, the QCGN was unequivocal. The English-speaking communities in this province are in serious difficulty. But they are receiving far less federal support than their French-speaking counterparts in other provinces.

In his statement on October 6, QCGN president Martin Murphy asserted that "the situation in Quebec for us is not the preservation of our language, but rather of preserving and strengthening our communities". Murphy noted that despite their serious demographic decline, federal funding to encourage immigration to minority-language areas goes entirely to francophone communities. And that over the past five years, they received \$123 million in funding from Canadian Heritage versus \$16 million to Quebec communities.

Murphy warned that its lack of adequate infrastructure hampers the community's ability to develop its capacity to work effectively with government departments. He worried that the funding pattern being followed so far does not augur well for equitable sharing of resources in the future.

"We believe that current practices and formulas for funding fall far short of meeting our needs and do not respond to the obligations of the Government of Canada under the Official Languages Act," he said.

## **Help for teachers of learning-disabled kids**

As part of its program to improve the lot of children with learning disabilities and behavioural problems, the Montreal-based ADD Family Resource Centre has developed a series of workshops to help these children achieve their full potential.

"We know that most teachers really want to help these kids," says Carrie Goldberg, the Centre's executive director. "But their day-to-day responsibilities have become so heavy, it's difficult for them to stay on top of the situation."

Goldberg estimates that learning disabilities affect up to 12 percent of children in school; there could be as many as four in any class. "There used to be a system whereby these kids were coded according to their handicap," she explains, "and there were aids to help the teachers cope. Now there are neither."

As a result, some children are not being diagnosed, and those that have been are not being monitored adequately. An additional challenge for the teacher is that there are no outward physical signs of a learning disability, so it frequently goes unrecognized.

The ADD workshops cover the range of learning disabilities, their symptoms and the medications available. They also provide new tools and resources to help teachers to develop behaviour modification, appropriate teaching styles and individualized education planning.

## **Families learn to cope with mental illness**

When Friends for Mental Health, West Island, was formed 22 years ago, there were very few community resources for mentally ill anglophones in western Montreal. The de-institutionalization of psychiatric facilities had left the burden of care to family members, few of whom were adequately prepared to do the job. Friends, a self-help organization of family members, stepped in.

"We're still the only group offering a family support program on the West Island," says Lucie Discepola, executive director. "We believe that because mental illness is a life-long condition, helping the family deal with it helps the mentally ill person deal better as well. We provide education on mental illness, psychological help and training in practical skills, and liaison and accompaniment services."

The group also operates a program in which information and coping skills are taught to family members by family members. It sponsors special training in the medical and compassionate aspects of coping with mental illness for members who, in turn, give weekend courses to the others.

Demand for the group's services have been soaring – in the last year, individual consultations rose by 40 percent. Court order requests for people of danger to themselves or to others are up by 300 percent. While Friends provides services to caregivers of all ages, most of their clientele are parents of young adults.

## Program tackles professional personnel problem

One of the major obstacles to providing health and social services to Quebec anglophones in their own language has been the lack of English-speaking professionals in the field. This is particularly true in non-urban regions, where there are few anglophone professionals and a preponderance of unilingual franco-phone personnel. McGill University has developed a new initiative to ease this problem: a broad program of language training and human resources development.

This five-year program will be funded with a grant of \$12 million from Health Canada. It will be administered by McGill, through an agreement with the Ministry of Health and Social Services to integrate the project measures into the Ministry's administrative system. During implementation, there will be close collaboration with community partners and public institutions to ensure that the needs of English-speaking Quebecers are being met.

The goal is to provide language training to up to 4,000 professionals across the province. The McGill English and French Language Centre will set up programs pertinent to health and social services. The Centre will be forging partnerships with local language training centres, and will tailor specific programs to support regional initiatives.

English-language professionals are being targeted, too, with French second-language training for those working in a francophone setting. It is hoped that, by helping them improve their French-language skills, more will stay in the French institutions where they can be of service to anglophone clients.

Other measures are being designed to entice professionals to stay, and to recruit new graduates to work, in the regions. These include encouraging regional institutions and agencies to hire anglophone graduates, to support professional development activities

and to promote communication among key professionals of both languages in francophone institutions serving English-speakers. Various incentives are being considered to encourage graduates to return to the regions.

"McGill is very pleased to be part of this initiative," says Estelle Hopmeyer, acting dean of the McGill School of Social Work. "We at the School look forward to developing partnerships with the health and social services network and the English-speaking communities to find innovative approaches to recruiting anglophone professionals and encouraging them to work in the regions.

"There is an emphasis on culture in this venture which makes it appealing," says Hopmeyer. "It should make it more attractive for our graduates not just to locate, but to make a life for themselves, in the regions. That's why I think it's a very exciting project."

## Community looking at implications of Bill 25

The Minister of Health and Social Services, Dr. Philippe Couillard, has introduced legislation aimed at achieving better integration of health care services. The idea is to bring services closer to the population and to make it easier for people to move through the system. To meet that goal, the government is creating local health and social services development agencies that will replace the current regional health

and social services boards. These new agencies will propose plans for local networks that amalgamate CLSCs, long-term care centres and certain hospitals into one single entity responsible for serving a given territory.

Although there is a provision to protect services identified in the access plans when these new local networks are formed, the status

of the community's historical institutions is unclear. Amalgamating them could weaken or remove control and management of these institutions from the communities they serve. As well, the bilingual status granted these institutions by the Charter of the French Language could be lost. Communities are currently mobilizing to protect the status of their institutions in the new network.

## Program helps teens to prevent problems

A program designed to help anglophone teenagers cope with the pressures of adolescence is meeting with singular success in the Outaouais region. Run by the English Network Resources in Community Health (ENRICH), the “healthy lifestyles program” brings small groups of teens together in a school setting for discussion and mutual support.

“Participation is voluntary,” says Sheilagh Murphy, president of ENRICH. “But it is selective in that we limit the groups to teens who are motivated and who could work together. They have to want to deal openly with the issues that are bothering them. And they must above all respect the confidentiality of these meetings.”

The one-hour meetings are held weekly in the school. To keep up with class content, they each must designate a “buddy” to provide them with study notes. Under professional guidance, discussions cover a wide range of issues: family communication, anger management, peer pressure, body image, and any others of interest to them.

“Most kids have a very positive reaction to the experience,” says Murphy. “They say they’ve learned how to listen, how to handle family problems, that they’re responsible for their own decisions, and that other kids have problems like theirs. Teachers report improved class behavior and performance. It’s a very worthwhile program.”

## Low levels of health literacy cause concern

The inability of patients and their families to understand information about their condition and treatment can be a major impediment to their health care. “Health literacy” is an issue that has been of prime interest to the Centre for Literacy of Quebec for the past eight years. The Centre has been studying its implications and the most effective ways of alleviating the problem.

“The situation is actually quite serious,” affirms Linda Shohet, the Centre’s executive director. “When you consider that over half the Canadian population has difficulty reading everyday print, imagine their problems when they’re faced with medical information.”

In its preliminary studies, the Centre found that almost all of the information that exists in the health care system is based on the assumption that everyone is able to access that information in the same way. That merely simplifying the language would lead to greater comprehension.

“Not true,” says Shohet. “There are many reasons why people might be difficult to communicate with: limited education, hearing or visual impairment, cognitive disorders, a mother tongue other than English or French. But current approaches to health communication almost never take into account the needs of these marginal groups. We’re now investigating what alternative media could be adopted to reach these ‘hard-to-reach’ people.”

## Help-a-senior program gets the nod

Seniors served by CCS (Catholic Community Services) in Montreal are going to be getting more help around the house. For the past two summers, a small army of American student volunteers has been doing everyday chores for CCS clientele as part of their church outreach activities. The initiative was so successful that CCS has launched a year-round ‘help-a-senior’ program.

“Sometimes we forget that a senior can be autonomous enough to live at home, but still have difficulty in handling the more complicated or heavy tasks,” says Anna Malorni, program coordinator. “We’ve long had a senior support program that offers such services as visits, calls and transportation. Providing this extra help answers a real and growing need.”

It has a second benefit as well. The inter-generational contact was widely appreciated by both students and seniors. “And it’s a valued social time for the seniors,” says Malorni. “Many are quite isolated, and they look forward to the visits.”

CCS has put out the call for volunteers. “We realize that many people have time constraints when it comes to long-term commitment to a charity,” Malorni says. “But with this program, volunteers can choose the time and the job according to their availability. So far, we’ve had an interesting response from some corporate employees’ organizations and immigrants looking to integrate into the community.”

## **C.A.M.I. helps diabetics understand labels**

Given the high incidence of diabetes in the Magdalene Islands, Health Canada's new food labelling regulations should be of particular interest there. That is why C.A.M.I. sponsored a special labelling information booth at the Havre-aux-Maisons Coop in November. It was staffed by a local dietician who helped shoppers to read and understand the new food labels.

"We chose a central shopping point on a busy night to reach as many people as possible," says Lisa Craig, coordinator of C.A.M.I.'s Diabetes Awareness and Prevention project. "We're obviously interested in getting this kind of information to diabetics; what they eat is of strategic importance. The event was also aimed at the population in general, though, as part of our efforts to prevent the disease."

## **POP goes online**

Now that CHSSN members have received their CD-ROMs on Health Canada's Population Health Initiative (POP), they can supplement this resource with additional information that is now on the network's Web site. This material is designed to help members develop projects for Health Canada's 2004-2005 funding program. It will assist them in defining their needs, and to identify priorities and actions for improving the well-being of English-speaking communities. The CHSSN will be coordinating the presentation of members' projects, to be made in early 2004.

## **CHSSN helps spread the word**

When Health Canada wanted to publicize a project-funding program for its new anti-tobacco strategy, it found a ready ally in the CHSSN. The Prevention, Cessation and Education component of the federal strategy is designed to support non-governmental organizations to carry out tobacco curtailment projects in their communities. As a pan-Quebec network, the CHSSN provides a prime source of project ideas, and also has the means to publicize the program among its members.

"We were very pleased to have the collaboration of the CHSSN in disseminating information on our strategy," says Françoise Lavoie, project coordinator in Quebec. "It means that we have direct access to an important segment of the population."

## **Blind aids available**

The Montreal Association for the Blind runs a boutique that offers a wide range of technical aids, at cost, for blind and visually impaired persons. Over 300 devices are available, on site and by post. There are Braille watches, playing cards and board games; "talking" gadgets like alarm clocks and thermometers; large-print items and magnifiers of all types and strengths.

For out-of-town customers, the boutique catalogue is available in large print, on audiocassette and on diskette (The Braille version is too heavy to mail.) For further information, call 514 489 8201, ext. 1007.

## **Volunteers the key to independent living**

A new community group near Montreal is marshalling volunteers to help mentally ill persons live on their own. Our Harbour, a member of the South Shore Community Partners network, will provide assistance in finding apartments and in coping with the day-to-day challenges of independent living.

"As kids with mental problems grow older, it can become more and more difficult for them and their family," says Catherine Gillbert, president of Our Harbour. "Having their own accommodation can make a world of difference in their quality of life. This kind of program has been very successful in other communities; we know it will answer a real need on the South Shore."

Each apartment will have a team of volunteers helping the residents learn such living skills as following a budget. A key component of their support is that they will be taking the residents into the community, to forge new social contacts. "We're very excited about starting such a program," Gillbert affirms. "And we've been able to because of the wonderful help and encouragement from Ami-Québec, local churches and other community groups."

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