

## Report shows real anglo portrait

An important new document profiling anglophone communities across Quebec points up some major differences between their situation and that of their francophone neighbours. It also highlights the significant variations that exist between these communities in the province's 16 different regions. This Baseline Data Report 2003-2004\*, commissioned by the CHSSN, is playing a key role in the evaluation of health and social services needs of English-speaking Quebecers.

"This is the first time that demographic data and factors that affect health have been synthesized into one study," says Joanne Pocock, researcher from Carleton University, who compiled the report. "The result is quite an eye-opener."

One crucial factor affecting a community's vitality is population growth. While Quebec's anglophone population has been steadily declining over the past two decades, in some regions it has dropped 15 to 20 percent in just five years. "This is a cause for serious concern," says Pocock, "particularly when that downward trend is combined with other demographic indicators."

Such as ageing. In some regions, the rate of ageing in the anglophone community is 20 percent higher than the provincial average. This is attributed chiefly to the exodus of a large number of its middle-aged members. This loss affects care-giving in a community traditionally reliant on family and friends for health care rather than institutions.

Income and education levels are also problematic. On a provincial level, anglophones are slightly more likely to earn under \$20,000 than francophones. However, there are regions where the number of low-income anglos is very much higher than the provincial average.

"It's disturbing, too," Pocock notes, "that in some regions, young anglophones are now less educated than their parents. Fewer and fewer are finishing high school." This might explain the unemployment rate among anglos: on average, it is 17 percent higher than that of francophones. This level soars by two to three times in northern and eastern communities.

These are the sort of negative characteristics that can have an adverse influence on the quality of life of a community and the health status of its population. As they persist, it becomes increasingly difficult to attract new people, particularly healthcare professionals, for whom there is such urgent need.

This report is designed to open new avenues for positive change. "It's a very interesting tool that allows us to be much more specific about the differences in regional needs," affirms Pocock. "It's ideal for networking in that regions can link up with each other to initiate action on common concerns. And it should dispel some of the old myths about Quebec anglophones being a homogenous, 'privileged' society."

\*See: [www.chssn.org](http://www.chssn.org)

## CHSSN sets up new research program

CHSSN has organized a small research group to compile and interpret important data on English-speaking communities in Quebec. Thanks to a major agreement that CHSSN has signed with Statistics Canada this group, which will run a Community Information Resources Program (CIRP), will have access to an extensive bank of federal census data as well as to the Canadian Community Health Survey.

"Our basic goal," explains Jim Carter, CHSSN coordinator, "is to develop a solid knowledge base that will help communities to map the factors affecting their health and well being. These new data will also contribute to our second report on English-speaking communities."

And CHSSN is bringing in some major institutional partners to work with its data in their research on official language minorities. This collaboration should lead to even more extensive research on health and social services issues affecting English-speaking communities.

Members of the CIRP team are Jennifer Johnson, coordinator; Jim Carter; Joanne Pocock; and Jan Warnke.

The Community Health and Social Services Network brings together community resources, associations and public institutions working in partnership for the development of health and social services for Quebec's English-speaking communities.

## Info-Santé to be revamped for anglos

One of the pillars of CHSSN's strategy for improving anglophones' accessibility to primary health care is the reformation of Info-Santé, the government's health assistance telephone line. Part of a \$10 million project funded by Health Canada, it is being carried out in full partnership with Quebec's Ministry of Health and Social Services.

"The Ministry has committed to improving Info-Santé services," says Jim Carter, CHSSN coordinator. "Our project is designed to complement the government's policy. In the end, anglophones and francophones alike should benefit."

There is much work to be done. Since its inception, Info-Santé has been less than popular among Quebec's English-speaking population. A government survey in 1998 revealed that only 60 percent of anglophones who used the system received information in English. In nine regions that figure dropped to under 50 percent.

Since then, there has been some attempt to improve this medical service, but it has been plagued by a chronic lack of resources. In Montreal and Quebec City, the system is centralized; elsewhere, local CLSCs handle the calls. But if the CLSC in a remote region has no English-speaking personnel, calls from anglophones are directed to one of the already overloaded major centres. And while the regional nurse stays on the line with the anglophone caller, other people calling that CLSC are kept waiting.

"People want a prompt response in a medical emergency," affirms Mariëlle Lavallée, coordinator of the Info-Santé project. "If they have to wait too long, they will hang up. And most won't call again."

This fall, CHSSN conducted another, major, survey covering 20,000 English-speaking Quebecers. The results will help determine priorities for service improvements, and will serve as a base line to measure progress. At the same time, it called upon all the province's regional agencies to submit project proposals that would, with sufficient resources, improve Info-Santé in their administrative areas.

"We've mapped the province into four types of regions," explains Lavallée. "The needs of the central, suburban, intermediate and remote areas will be quite different. The proposals that are selected will be put into operation during 2005."

Among the measures CHSSN anticipates will rectify the current situation for anglophones are improved language training for Info-Santé telephone responders and translation of pertinent documentation to help them deal with anglophone inquiries. Local information campaigns should raise awareness of the service.

"We will be monitoring these projects throughout 2005," says Lavallée. "At the end of the year, we will be conducting another survey to measure how successful the new measures have been."

## Carter meets with federal Ministers

In October Jim Carter, CHSSN coordinator, addressed a ministerial meeting on implementation of the Official Languages Action Plan. Carter summarized the projects that CHSSN has undertaken in primary health care, networking and training. And he described how these three measures are designed to dovetail into one inter-connected whole.

"In primary health care," Carter explained, "CHSSN has forged an important new partnership with the Ministère de la Santé et Services Sociaux to improve access to a health information line. As well, new local services networks are currently preparing projects to improve access in English to primary health care and first-line social services in several regions. And long-term care centres are developing innovative ways to improve services to the English-speaking elderly."

Carter reported on McGill's language training initiatives aimed at retaining healthcare professionals in rural regions, and the new tele-medicine program that will support remote communities. He also pointed out that the QCGN's major new networking initiative is creating opportunities for anglophone communities to establish important partnerships within Quebec's health care system. Carter asked for a continued federal commitment to ensure the future vitality of Quebec's anglophone communities.

## **Gaspé women gather to discuss services**

It was an auspicious occasion on October 16 when over 125 anglophone women from across Gaspésie met with francophone service providers to talk about health and social services in the region. The symposium, organized by CASA with support from Status of Women Canada, broke a lot of new ground.

The need for such a gathering became obvious after consultations CASA held with women on health during the summer. “We found that 72 percent of anglophone women were unaware of what services were available in the region,” says Roberta Billingsley, coordinator of CASA’s Women’s Initiatives. “Sixty-two percent claimed not to have used any of the existing services.”

There are certainly services in the Gaspé – three hospitals, 13 CLSC points of service and 50 non-government facilities -- but most are not delivering in English. The representatives of those providers who attended the symposium were very open to changing that situation.

“Many were shocked to find that there are over 4,000 anglo women in the Gaspé,” says Billingsley. “They gave us an overview of the services available – we helped them do it in English. And they seemed willing to support us on future initiatives. So the doors have opened.”

CASA has compiled a services directory for women. “They are the family’s service-seekers,” Billingsley says. “They need this kind of help.”

## **Federation offers parenting workshops**

One of the primary objectives of the Quebec Federation of Home and School Associations (QFHSA) is to encourage parents’ success in raising and educating their children. To carry out that mandate, the QFHSA offers a wide range of parenting workshops that are also available to non-members and community organizations.

“Parenting is a very rewarding task,” says Glenna Uline, QFHSA executive director. “It is also a very challenging one. Our workshops are aimed at helping parents handle the many issues they have to face today with confidence.”

Parenting styles, approaches to discipline, understanding adolescent behavior, setting the example for social skills. How to help children learn and to accept responsibility. Coping with bullies and violence. These are just some of the topics covered in the Federation workshops. “We are also responsive to requests for help on other issues,” says Uline.

## **New palliative care facilities for Quebec**

The Jeffrey Hale Hospital has set up a five-bed palliative care unit in a first move towards providing accommodation for palliative care patients in Quebec City. Ten to 15 more beds are to be added. A fundraising campaign will start next year for a separate palliative care building, on the hospital site.

## **Protecting rights of the mentally disabled**

The cause of guaranteeing basic human rights for mentally disabled persons received a major boost at an international conference held in Montreal in October. Experts on the issue came from across North and South America to exchange views and experiences. And they all signed the Montreal Declaration, which defines the principle of ensuring full and complete citizenship to persons with an intellectual disability.

As secretary-general of the West Montreal Readaptation Centre, Ron Creary chaired the committee that organized the event. “The World Health Organization has done very little to protect the rights of intellectually handicapped persons,” Creary affirms. “It combines mental health with retardation. That this declaration is about intellectual disability alone makes it an incredibly significant breakthrough.”

Creary points out that the Declaration is a document that litigants throughout the Americas can use in cases concerning abuse of rights. “I hope our support leads the way to its being adopted in other parts of the world as well,” he says.

Delegates also met with Quebec professionals to discuss this province’s social services for the mentally handicapped. “We have a very good record compared with other jurisdictions,” says Creary. “We’ve made mistakes, but they’re being corrected, and others are now learning from our experience.”

## Community Initiatives under way

Ten organizations have been selected to participate in a strategic new venture that could have a major impact on the future of Quebec's English-speaking communities. The Health and Social Services Networking and Partnership Initiative is a five-year \$4.3 million program funded by Health Canada. It is designed to help communities build their capacity to play an active role in the province's health and social services system.

The Quebec Community Groups Network (QCGN) developed, and is responsible for implementing, the program. It is handling the finances and will monitor the progress of all the projects as they proceed.

Shelagh Murphy, president of Outaouais-based ENRICH, chaired the project selection committee. "We were very impressed with the

28 applications we received," says Murphy. "There is obviously a great need and an interest out there. We did note, however, that from some regions there were two and three organizations applying for funding. I hope that in future they will join together to apply."

Getting community groups to work together in partnerships and to develop networks is the basic thrust of this new initiative. In its capacity as a provincial network, CHSSN was selected to provide support to the nine other organizations to realize their networking potential.

"The first thing on our agenda was to order a whole new bank of statistical data that hadn't been previously available," says Jennifer Johnson, Initiative coordinator. "It provides fundamental information on the English-speaking population

based on CLSC territories. This will be used by the other organizations in their network planning."

During the first phase of the program, which ends on March 31 2005, their primary objective is to assess the specific health and social services needs and priorities of their respective communities and to draft a networking plan. Throughout this process, a CHSSN team will be in the field to coach and train the participants. CHSSN will also be supplementing this "hands on" support with a wide range of Web-based information designed to help in development of the networks.

Organizations that have met their targets by March-end can re-apply annually for funding so long as they continue to meet the strict Initiative criteria. Additional projects could well be included in the future.

## Eastern Quebec anglophones lack many services

Quebecers living in the eastern stretch of the province share many of the problems that come with isolation from major centres, but their experience with delivery of healthcare services does differ from one region to another.

The **Council for Anglophone Magdalen Islanders (CAMI)** is assessing the needs of that whole region. "We do very well receiving services in English," says Robina Goodwin, CAMI president, "even though we're only five percent of the population. There are very many

services we do lack, but the francophones lack them as well. The major problem is that, administratively, we are lumped with the Gaspé region, where the needs are quite different from ours."

The situation is reversed on the Lower North Shore: anglophones are in the majority, making up over 90 percent of the population. "But we lack nearly everything," affirms Cornella Maurice, president of the **Coasters Association**. "Because there are so few people living here – 5,800 altogether – we fall through

the cracks, and services go to the larger centres. We're working for our francophone neighbours, too, in identifying regional priorities: our minority should benefit as well."

"Our central objective in this project is to prove that we exist," says Gary Briand, president of **Vision Gaspé Percé Now**. "We're over 20 percent of the population, but the service providers tend to forget about us. Yet sixty percent of our anglophones over 65 years cannot speak French. Their service delivery problems are profound."

## Population down, scattered in Townships

Like all anglophone communities across the province, those in the Townships are suffering the effects of population loss. Pockets of people living in the region's more remote areas have a particularly difficult time accessing services. The **Townshippers' Association** was selected to oversee two projects.

"The first, which covers l'Estrie, was started in March as a pilot project for the Initiative program," says Rachel Garber, Townshippers president. "We'll be sharing our experiences and what we learned about how to develop a networking unit with the other organizations in the program.

"We took a 'grass roots' approach by first consulting people in our community on their assessment of healthcare services," Garber explains. "With their input, and the demographic data from CHSSN, we were able to make an educated needs analysis and begin work on developing the parameters for establishing a networking unit."

The Townshippers team has met with potential partners to garner

support for the project. "The response has been very positive," says Garber, "especially from health and social services professionals. They were quite amazed at the information we gave them."

Townshippers is also spearheading establishment of a network in the part of the Montérégie region that borders l'Estrie. "The demographics there are very similar," says Garber. "Almost 10 percent of the population is anglophone, but they are scattered and isolated. There is also an exceptionally high number of older people, many of whom lack family members in the community."

Anglophones make up only one percent of the population of the Chaudière-Appalaches region, where there are no institutions designated to provide services in English. "We had already begun contacting the region's service providers about how to improve the situation," says Peter Whitcomb of the **Megantic English - speaking Community Development Corporation**. "With this project, we'll be able to provide them with the sort of information they would never get otherwise."

## West Quebecers have mixed needs

There are over 50,000 English-speakers in the Outaouais. While almost 60 percent live in urban Gatineau, the rural population is spread out over one of the largest regions of the province. "That poses a double challenge for us," says Rick Henderson, past executive director of the **Regional Association of**

**West Quebecers**. "The network that we do have needs to be augmented with more resources, and more partners from health and social services. We also need to reduce the isolation of the smaller communities, few of which have any formal organization to provide services or information in English."

## Help for young addicts

The growing number of young anglophones involved in drug and alcohol abuse is especially alarming in remote regions where there are few or no English services available. The Quebec City-based **Fraser Recovery Program** is bringing its experience and expertise to the province's East Coast to help set up a local abuse assistance network.

"There is a serious problem in the Gaspé and Magdalen Islands," says Hugh Fraser, Program founder and director. "But, as elsewhere, people don't want to talk about it. Our job is to break down that denial system and get the parents and key players in the community working together to tackle the problem."

An immediate need is to be able to provide information on where the young people can get help and treatment. "But prevention is the key for the future," affirms Fraser.

## Lost in the big city

The English-speaking population of Montreal's East End, declining for many years, has become more and more isolated from the health and social services system. **CCS** (Catholic Community Services) is aiming to establish a local network involving key healthcare providers in the area, as well as former residents who still have roots there.

"It's not as though no services exist," says Cam Russell, project coordinator. "In fact, the target area has nine CLCS, but services in English are often wanting."

## Support for the sandwich generation

It is a widespread phenomenon. People are caught between the diverse needs of ageing parents and children. They are the sandwich generation and they often need help.

QAAL has organized a series of regional workshops to set up "learning circles" that are designed to help people in the sandwich generation to help each other. "The idea is to bring them together to share their experience," explains Fiona Clark, workshop facilitator/trainer. "They can learn a lot from each other."

People targeted to attend these workshops are those caring for an elderly parent/relative/friend who also have children and/or hold a job or attend school. Anyone working in support services for the elderly or their caregivers can benefit as well.

## McGill language training to start soon

McGill University is just about to embark on a groundbreaking project that will radically change the delivery of healthcare services for Quebec anglophones. Second language training will be offered to francophone and anglophone professionals working in the health and social services system.

"There are two basic goals," explains Mireille Marcil, program coordinator. "One is to increase the number of professionals in the healthcare field who can speak English. The other is to encourage English-speaking professionals to move to, and stay in, the regions.

Priority is given to the sandwich generation, but older adults caring for a partner are also welcome.

The first day of the two-day workshop is devoted to the learning circle learners. The second day is a train-the-trainer session for anyone who, having attended day one, would like to take responsibility for establishing and coordinating an ongoing learning circle.

"They will get further backup," says Clark. "We'll be keeping in touch with the new circles, and they with each other, with our specially dedicated Website."

QAAL canvassed the QCGN to assess interest for such workshops. This series is being held in Aylmer, Cowansville, Lennoxville, New Carlisle and the Magdalen Islands.

"It is very collaborative effort," says Marcil. "McGill personnel will elaborate the basic framework for evaluating needs and defining process. But we'll be working closely with anglophone communities in the regions, with local teaching institutions and with the regional healthcare agencies."

The four-year \$11.5 million project will swing into action in early 2005. It is expected to attract 4,000 health and social services professionals across the province. The CHSSN played a key role in developing the project. Health Canada is providing the funding.

## New mental health group set up in l'Estrie

One family's personal struggle has led to formation of a new non-profit organization that is helping others with mentally ill loved ones. Mental Health Estrie was founded, and is directed, by Judy Ross. "When we faced our family crisis," says Ross, "there were absolutely no services for English-speakers in this area. We had to go to Montreal for support of any kind. Even for literature that might help."

Ross's very positive experience with Montreal-based AMI-Quebec convinced her that the Townships could use a similar organization. The first public meeting held to discuss the issue attracted 55 people from 17 small communities. The numbers, and the activities, have been growing ever since.

"The small shelf of books in an open hallway that we first offered the public has mushroomed into an up-to-date reference library," says Ross. "We're running two group sessions monthly, one for mentally ill persons, and one for their family and friends. And we have developed very good contacts for referral to professional services."

Mental Health Estrie is now ready to incorporate. "It will enable us to raise funds to expand our program," Ross says. "We want to increase our support sessions and add an educational series. In the meantime, I'm doing a lot more public speaking to help increase public awareness and help break down the stigma attached to mental illness."

## Resources on learning disabilities available

The Quebec Learning Network (QLN) has recently completed three audiovisual presentations designed to aid parents and teachers of children with learning disabilities and attention deficit disorders. They are available for viewing by anyone with an Internet connection\*.

“One of the most exciting aspects of this project is that we were able to develop a technical delivery system that provides high quality viewing even for users of slow dial-up systems,” says Peter McGibbon, QLN director. “So it is easily accessible to people in rural and remote communities who don’t have high-speed Internet access.”

The work was carried out in partnership with the Montreal-based Centre for Literacy of Quebec. Its content was designed with advice from family psychologists and special education advisors. Three topics are covered: Introduction to Learning Disabilities, Understanding Learning Disabilities and Supporting Children with Disabilities.

“Each of these audiovisuals comes with a set of resource links and references specific to its topic,” explains McGibbon. “They can be used by teachers or school psychologists as springboards for workshops with parents, many of whom are often unaware, or in denial of, their child’s disorder. They are also available in CD-ROM format, which provides a reliable, portable and flexible version.”

\*See [www.qln.ca](http://www.qln.ca)

## Depression screening can be effective

When AMI-Quebec held its first Depression Screening Day, in 1999, one revelation was that nearly half the people filling out questionnaires showed symptoms of major depression. The other was that most of them had never sought help for their condition.

“Those ratios have not changed over the years,” says Ella Amir, AMI executive director. “Our sampling procedure isn’t scientifically defined – it’s a come one, come all invitation to the public – but the response and results prove to us that it is a very valid exercise.”

The annual screenings are held at various sites in Montreal. It takes about five minutes for participants to fill out a questionnaire on depression or bipolar disorder. They are then interviewed by in-house professionals who advise them of their score and, if indicated, given suggestions as to where to seek help.

“It would be irresponsible to hold such screenings and not offer further assistance to those who need it,” affirms Amir. “We have lists of resources for adults, adolescents and the elderly, which we update yearly.”

AMI plans to continue its depression-screening program in Montreal, but does not have the resources to expand beyond its own region. “However, we’re very willing to assist other organizations in other regions,” says Amir. “We’d be very happy to give them any information that we have.”

## Telehealth a new tool for rural anglophones

The CHSSN is coordinating the introduction of telehealth conferencing as a new resource for anglophones in remote communities. A pilot program led by the Holland Centre two years ago proved that videoconferencing on health promotion issues is both feasible and effective. This project, which is funded by Canadian Heritage, builds on that experience.

“Four communities are involved this time,” explains Russell Kueber, CHSSN project consultant. “We’re working with member organizations in the Gaspé, the Magdalen Islands, the Lower North Shore and the Thetford region. They will each be hosting three or four sessions on health topics that they deem most pertinent to their communities.”

The Outreach program of the McGill University Health Centre (MUHC) is telehealth headquarters. The MUHC is providing the medical professional expertise. Sites for the sessions in the communities depend on the availability of local technological facilities. These will be held in public institutions participating in the Ministry’s telecommunications network.

“CHSSN is providing the backup support to help these organizations develop the skills they need to start and to keep their program going,” says Kueber. “It’s such a wonderful resource for anglophone communities isolated from major medical centres. We hope that other regions can be included in the future.”

## Children's launches new health network

A new child, youth and family health network has been set up by The Montreal Children's Hospital (MCH) to better serve regional communities in Quebec. This outreach initiative was created to support dozens of programs and services already being offered throughout the province.

"The Children's has been doing outreach for over 40 years," says Dr. Anne-Marie McLellan, the Network director. "We have forged close ties with regional hospitals, CLSCs, schools, daycares, Urgence-Santés and other institutions. We wanted to centralize all our collaborative mechanisms and expertise and also to help facilitate the medical network already in place."

The network also provides vital training and continuing education to healthcare professionals across the province. It enables the exchange of treatment protocols and will ensure access to specialized programs.

Telehealth is a key component of this network. Videoconferencing enables community physicians to consult directly with MCH pediatric specialists. The same technology is being used to transmit information on patients' electronic medical health records between the MCH and other healthcare facilities.

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).

## Special training curbs youth aggression

A unique training program used by Batshaw Youth and Family Services to treat aggression and anger among troubled youth is finding favour in other Canadian organizations. It is called Aggression Replacement Training (A.R.T.).

"A.R.T. is comprised of three basic components," explains Robert Calame, Batshaw's A.R.T. specialist. "Adolescents learn how to behave in a more pro-social way through interpersonal skills training. They learn how not to behave through anger control training. And they learn to reflect on their choices and how their behaviour affects others, through training and moral reasoning."

The A.R.T. approach has proven to be very effective. It is particularly successful when parents are involved. In one comparative study of youths who had required a social services intervention, of those who did not receive A.R.T., 43 percent got into trouble again within a year. Among those who did receive A.R.T., the recidivism rate was 25 percent. Among those who did A.R.T. with their parents, only 13 percent got into trouble again.

All Batshaw youth care workers in residential treatment services and in services to preadolescent children receive A.R.T. training. Batshaw's Calame sits on the advisory board of the International Centre for Aggression Replacement Training in Amsterdam.

## South Shore group surprises anglophones

A meeting on mental health held recently by South Shore Community Partners was more informative than some had expected. In fact, most of the over fifty people attending were "pleasantly surprised" that there were support groups and services operating in English on the South Shore. That is a message that Partners works hard to spread.

Partners is a 17-member group of non-profit organizations, public institutions and local churches that came together to promote the provision of services in English to the scattered anglophone population south of Montreal. The core of its communication program is a highly popular Website that provides current information on activities in the communities. It offers a broad range of contacts for health and social services available in English.

Partners also holds regular public meetings on issues of concern to anglophones. Its recent mental health meeting focussed on chronic depression. Several support groups were on hand to explain different aspects of the illness and to describe what they could offer and what services were available from the public institutions.

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