

## Primary healthcare promoters meet

Thirty-seven public healthcare institutions met in February to discuss plans for improving delivery of their services to English-speaking Quebecers. These were the projects selected for funding by the CHSSN from among a wide range of submissions from across the province. The CHSSN launched this groundbreaking initiative with a \$10 million grant from Health Canada.

“This is the first time that our public institutions have had sufficient resources to develop real improvements in the delivery of primary healthcare services in English,” says Jim Carter, CHSSN advisor. “That they are doing so in partnership with anglophones in their regions is a major step towards establishing permanent links with English-speaking communities.”

The new primary healthcare projects address one or more of three basic areas of service: improving the capacity of Info-Santé to respond to English-speaking callers; provision of services to isolated anglophones; and bettering living conditions for anglophones in institutions.

Purpose of the two-day meeting was to bring together the project promoters and the CHSSN project management team to examine effective strategies to ensure project completion in 2006. “It was important to identify conditions for success and what common action would support us over the next several months,” says Jocelyn Perrault, project coordinator.

### Translations available

The meeting also provided the opportunity for the CHSSN to invite project promoters intending to translate documents for English-speaking service users to join its translation network. Set up in partnership with the English Speaking Catholic Council in 2000, the network compiles documents already translated for healthcare users and professionals. Their titles are available online only to network members.

“Having easy access to this kind of documentation will not only save time,” affirms Lorraine Torpy, network coordinator, “but it will also reduce costly duplication. This is a very important resource for all healthcare service providers.”

That is why the CHSSN will be inviting regional health and social services Agencies and community resources offering English-language services to join the network as well. “This is another facet of CHSSN’s program that will benefit the health and social services network and our communities long after the current project ends,” says Torpy.

### Project progress online

Simon Caron, lead consultant to the project, described to promoters how a new feature on the CHSSN Website will track progress during the project’s implementation. “The public will have access to project summaries, to press releases and, eventually, to evaluation results,” Caron explained.

## CHSSN in action

The CHSSN has initiated and partnered a number of projects to further accessibility to English-language healthcare services in Quebec and to empower anglophone communities across the province to play a significant role in the development of those services. These include:

- The Primary Healthcare program: a \$10 million, two-year project that provides funds for public healthcare institutions to improve delivery of their services in English.
- Partnering a language training and human resources development project, administered by McGill: a five-year, \$11.5 million program of second-language training and continuing education for franco-phone and anglophone healthcare professionals in the regions.
- Partnering the QCGN Networking and Partnership Initiative: a five-year, \$4.3 million program that assists anglophone groups to work with local community partners to improve delivery of health care in English.
- The Community Information and Resources program through which CHSSN provides the socio-demographic data necessary for anglophone communities to identify the health and social services issues affecting their particular population.
- The translation network, which facilitates access to healthcare documentation in English.

## Data released to public partners

History was made in February when the CHSSN presented its latest bank of data on English-speaking communities at a meeting with public healthcare institutions. It is the first time that provincial bodies have had access to such vital demographic information on Quebec's anglophone population.

It was a timely move. An essential element in the province's current reorganization of its healthcare system is development of needs portraits of the population at large. The CHSSN's new data will enable the institutions and planning authorities to appraise the real needs of the anglophone communities.

"This information is a powerful tool for our public partners," says CHSSN demographer Jan Warnke. "It allows them to identify the characteristics of English-speaking people in each of the CLSC territories they serve. Because such factors as income, age, mobility and employment are very strong determinants of community health, our data will help service providers to set priorities and organize their services according to actual needs."

### Big help for communities

The new data is already proving its worth to the eight community organizations and their public partners involved in the QCGN's Networking and Partnership Initiative. Peter Whitcomb, project coordinator for the Mégantic English-speaking Development Corporation, considers it invaluable.

"Because our population is somewhat isolated and so far-flung, we'd been grappling to discover our community," Whitcomb says. "Now we'll be able to be very specific about our population's profile. That we can provide this kind of data as part of what we bring to the table makes us a pretty valuable partner on the healthcare scene."

### More info on the way

The CHSSN will soon be releasing its second Baseline Data Report, a comprehensive study that fuses demographic data with social factors affecting health. It is part of a five-year series assessing the health status and vitality of anglophone communities in Quebec.

"In our first report we developed health profiles at the regional level," explains author Joanne Pocock. "While these certainly provided a key knowledge base, they also revealed that there are many divergences at the local level. So this year we've focused on profiling the nine communities participating in the Networking and Partnership Initiative, rather than all 16 regions."

These latest data were compiled according to CLSC territory – there are 37 CLSC zones in the designated communities. "This will make last year's information even more useful," says Pocock. "Now the communities can situate themselves and make the link vis-a-vis the regional stats. I think that's going to be very fertile for them at the level of negotiating they have to do."

## Gaspé gets going on drug issue

Community leaders in the Gaspé have moved quickly to take action on local problems under the Networking and Partnership Initiative (NPI). The network of partners assembled by Vision Gaspé-Percé Now from the educational, religious, police and health and social services fields targeted substance abuse among youth as its first priority.

"We found that not only was there a serious drug problem in our region," says Cynthia Patterson, NPI coordinator, "but next to nothing was being done about it. We're determined to change that."

Progress has been swift. Hugh Fraser, founder of the Fraser Recovery Program was invited to meet with students, teachers and the community to help raise awareness of, and suggest solutions to, the local drug issue. The Fraser program for kids with substance abuse problems is now being used at the regional CEGEP. And the regional school board has established a zero-tolerance policy for drugs.

"After not having had a social worker at the CEGEP for 10 years," says Patterson, "the CLSC will now provide one for a day a week. We've begun a program of horseback riding for at-risk elementary school kids, to help build their self-esteem. We plan to establish a foundation to raise funds for prevention programs. Everyone's very enthusiastic."

## Regional youth centres linked to Batshaw

Montreal-based Batshaw Youth and Family Centres has started entering into written agreements with youth centres in other regions regarding placement of their young clients in Batshaw's residential treatment services. To date, such agreements have been signed with centres in the Montérégie, Côte-Nord and Laurentides. Cree and Inuit communities will have similar agreements also.

"We have an historic role in welcoming English-speaking youth referred to us from other regions," says Michael Udy, executive director of Batshaw. "The point of signing detailed agreements is to ensure that no misunderstandings occur as to how responsibilities are shared. They make clear every aspect of the collaboration that is necessary between us and the other centres, the children's families and their local service providers."

Batshaw is supplying additional support to the James Bay Cree, and soon to two Inuit communities, by training the native professional staff. "Our staff learns from them, also," says Udy. "We want to respond to the cultural needs of our native residents, and this kind of professional exchange is invaluable."

Udy is concerned about the widespread lack of prevention and early detection services for anglophone youth in the regions. "It shows in the gravity of the problems that these young people come to us with," Udy affirms.

## Townshippers aim for healthy seniors

If the Townshippers' Association gets its way, there will soon be a lot of healthy seniors in eastern Quebec. Its new public education program for retired adults, Healthy Active Living (HAL) 50+ aims to empower older people to take responsibility for their health and be active members of their community.

"The Townships has the highest proportion of older adults in the province," says Kim Bailey, program coordinator. "Thirty-five percent are over 50 years old and 19 percent are over 65. Many seniors are vibrant and active, but many others need to be nudged off the couch."

The HAL 50+ program is based on information sessions animated by dynamic older volunteers who can serve as role models. They will be leading discussions on such topics as physical activity, stress management, nutrition and wise use of medication. The meetings will also provide an opportunity to share information about resources and services available to older people in their community.

"We'll make a special effort to reach those who don't normally participate in community activities and those who have a high risk for illness," Bailey says. "We want them to start asking questions, to be informed and to get involved. We do have some senior-oriented groups here, but they are isolated, with limited resources. HAL hopes to pool resources in different areas to serve seniors in all of l'Estrie."

## Co-op an option in the Outaouais

Like an ever growing number of Quebecers, many anglophones in western Quebec do not have a family doctor. Aylmer area residents, however, now have access to local medical care at a new cooperative health clinic. Since it opened, in January 2004, membership in the Aylmer Health Co-op has surged from 100 to close to 3,000.

"This was the first urban health co-op in eastern Canada," says Brian Gibb, executive director of the Regional Association of West Quebecers, and member of the Co-op board. "I think it is an idea that could, and should, be explored in other communities, particularly where anglophones feel that their needs are not being looked after."

The Aylmer clinic provides 24-hour primary healthcare service, in both official languages. "English-speakers account for 35 percent of the local population," explains Gibb. "So the Co-op is mandated to ensure that 35 percent of its members are anglophone. Access to services is also open to people from outlying areas; in fact, over 75 percent of visits are made by patients who are not members."

The Coop is a freestanding, nonprofit organization. Community members share in its governance with the doctors and healthcare professionals. The cost of joining is a one-time, refundable, fee of \$50 for the purchase of five "social" shares. Medical services are paid for under Quebec's medicare system

## Health promotion project launched

The CHSSN has just launched a project that will prepare Quebec's anglophone communities to take definitive, long-term action on health-related issues. This important initiative was developed by the CHSSN at the invitation of Health Canada. It is funded jointly by that Ministry's Population Health Fund and Canadian Heritage Department.

"The fundamental goal of this project," says Jim Carter, CHSSN advisor, "is to ensure that the particular needs of English-speaking communities are addressed as the government develops its health promotion strategies. It will provide the resources to enable communities to participate directly with the new local health services networks as they set their priorities."

First on the agenda is a major survey that will tap anglophones' attitudes and experiences on their community's vitality. As results of this study are analyzed, individual communities will be invited to draw up profiles of their specific healthcare situations. An assessment of existing social support networks in English-speaking communities will also be carried out.

As well as defining the healthcare needs of anglophone communities, pilot projects will determine the potential for their developing entrepreneurial partnerships in the healthcare field. All this strategic information will provide an essential knowledge base to be shared within the anglophone community network and with the healthcare system.

### Survey to measure vitality

A major survey of anglophones' attitudes and experiences with community vitality, as well as other social issues, will start in May. To be conducted by the national polling firm CROP, it will update the findings of the Missisquoi Institute-CROP survey of 2000.

"The 2000 survey was a real breakthrough, both in terms of results and response," says Jan Warnke, CHSSN demographer. "It gave us the first real insight into how we perceive our reality as a minority. And the participation rate was phenomenal – over 53 percent."

The 2005 survey will cover some of the same ground as the first one, querying both English- and French-speaking Quebecers on such areas as health and social services, education, culture and leisure. "It's basically a study of the communities' vitality," says Warnke.

"This time the survey will be more geographically referenced," Warnke explains. "Results will thus be more representative of the regions, so that as they are blended with other new data, a true picture of our communities will emerge."

### How to determine needs

One reality that has surfaced during recent studies is that there are significant differences among Quebec's anglophone communities. To address their needs effectively, each must understand their own issues and problems. The CHSSN

is developing a program to assist communities in preparing individual profiles of their healthcare situation.

"We'll be working first with the eight community organizations that are currently part of the Networking and Partnership Initiative (NPI)," says Jennifer Johnson, CHSSN executive director. "We'll be training them how to interpret and use the statistical material we're compiling on their regions. They'll then be able to map their 'health determinants', the social and economic factors that affect their community's well being"

### Healthcare as a business

The CHSSN venture introduces an original new approach to meeting healthcare needs in the future. Pilot projects will test the feasibility of establishing care delivery service businesses in rural communities bereft of local healthcare services.

"People with specific skills for delivering health care could be organized into an entrepreneurial group, such as a co-op," explains Hugh Maynard, project consultant. "While answering a basic need, they will at the same time be developing business expertise and creating local employment. It's important, though, to target a niche where there is a reasonable chance of success."

The Coasters Association is now focussing on creating a coop for delivery of home care to seniors living in the 15 communities on the Lower North Shore. Projects in other regions are being developed.

## Good nutrition could be good business

The Coasters Association has taken a radical new approach to ensuring that residents of the Lower North Shore follow a healthy diet. With a grant from Health Canada's Population Health Fund, Coasters has developed a project that will explore multiple possibilities for provision of healthful foods to the region. Creating new businesses locally is one of them.

"We have a serious food supply problem," explains Priscilla Griffin, Association coordinator. "We're so isolated that the cost of fresh fruits and vegetables – brought in by ship in summer, by plane in winter – is astronomical. So many families have to resort to less healthful foods."

The Coasters is now exploring, with transportation companies and local store owners, the possibilities for setting up a cooperative venture to organize access to good foods at reasonable prices. Another business option is the growing of fresh produce locally, in coastal green houses. Food canning or freezing are other commercial possibilities.

"These business prospects are very exciting," Griffin affirms. "At the same time, we're pursuing other avenues to raise public awareness of the need for good nutrition. We're researching school cooking courses, community gardens and community kitchens. Existing support services, such as meals on wheels groups, will be expanded to other communities. We're certainly making ourselves very visible these days."

## Townshippers open house a big success

There were smiles all round when the Townshippers Association held an open house to present its assessment of healthcare needs of anglophone residents of the Townships portion of the Montérégie region. Not that the news was so positive; the reaction of the invitees was.

"Everybody was so upbeat," says George Courville, coordinator of the local Networking and Partnership Initiative (NPI). "The service providers came, along with people from community services organizations and municipalities. They were all very enthusiastic and strongly supportive of our efforts."

The needs assessment is a vital part of the NPI project. It reveals what concerns the English-speaking communities actually have about existing health and social services. Topping the list in this Montérégie region are language, social problems and quality of services, followed by mental and physical health.

"It was a very rewarding exercise," affirms Marion Standish, NPI steering committee chair. "We had focus groups from both the population and service providers. I wanted the healthcare professionals in at the very start of our project, and they appreciated that."

"What's most interesting," says Standish, "is that opinions of both sectors were so similar. Perhaps that's because we've been meeting together for the past three years."

## Research conference a first on several counts

Research on Quebec's English-language communities was the focus of a conference held at l'Université de Québec à Montréal (UQAM) in February. It was a noteworthy gathering, not only because of its venue but also because of its results. It was hosted by the Quebec Community Groups Network (QCGN), the Concordia-UQAM Chair of Ethnic Studies, the Canadian Institute for Research in Linguistic Minorities and the Department of Canadian Heritage.

"This was the first of what we hope will be a series of research conferences," says Deborah Hook, QCGN executive director. "It was designed to provide a general overview of existing research and to discuss what measures might be taken to advance the cause."

Conference participants – who represented community groups and researchers from universities and government – agreed that creation of a research secretariat was a necessary first step. "There's a lot of research being done on Quebec anglophones," says Hook, "but there is no efficient way for researchers to exchange their findings. And there is no connection between them and the community, which needs that information."

The situation will soon change. The QCGN was mandated by the conference to develop the research secretariat. A steering committee is to examine its structure and funding possibilities.

## Guiding children to sociable behavior

The English Network Resources in Community Health (ENRICH) organization is running a pilot project for a new program to help young children overcome anti-social behaviour. ENRICH has long been offering healthy lifestyles programs to youth in the Outaouais region. This is the first time that elementary schools have been targetted.

“Kids are exhibiting antisocial behaviour at a younger and younger age,” affirms Kathy Teasdale, ENRICH executive director. “We want to prevent that from leading to serious problems later, like bullying or substance abuse. We’re aiming to help youngsters who don’t have the social skills to get along in society.”

The program is based on role playing and feedback. The ENRICH facilitator demonstrates a friendly or antisocial behavior, and the children create their own skits on the theme and discuss the results. They learn to express feelings and socialize with their peers in a healthy way.

“The children choose the issues they’ll act out from a list of 60 social skills,” Teasdale explains. “Some of the themes they might address are listening, how to apologize, dealing with stress or making friends.

“This method has been used in Ontario with great success,” says Teasdale. “We expect the same in Aylmer. We were certainly welcomed with open arms here. Eventually we’d like to move it into rural areas in the region.”

## Lots of learning opportunities available

More and more anglophones in rural areas are taking advantage of workshops being offered by the Quebec Association for Adult Learning (QAAL). Having these learning sessions held in their own community is a major drawing card. So, too, is the range of subjects that QAAL offers for discussion.

“Among the most heavily attended workshops are those dealing with health issues,” says Jo-Ann Jones, a QAAL animator. “As a nurse, I’m interested in that area as well, so I welcome the opportunity to encourage people to learn more, particularly about prevention.”

QAAL is obviously meeting a need. Workshops on palliative care that Jones conducted in nine different communities attracted many more than the set number of participants. And there had to be a second session in the Gaspé to accommodate all those interested.

Jones has done workshops on cancer and fatigue and is preparing new sessions on women and heart disease. She’s working with a new self-help group for sufferers of a rare form of cancer. And requests are still coming in for more workshops on palliative care.

“One of the key features of the QAAL approach,” says Jones, “is that as we discuss these health issues, we encourage the group to continue and to support each other after we leave.” For further information: 450 243 0082.

## Hanrahan to co-chair research advisory body

Louis Hanrahan, CHSSN board member, and executive director of Saint Brigid’s Home in Quebec City, has been elected co-chair of a new Consultative Committee on Official Language Minorities. It was set up by the Canadian Institutes of Health Research (CIHR) to provide advice on developing research on minority communities’ health services needs. CHSSN advisor Jim Carter is also a member of the Committee.

“There is a lack of scientifically based data on minorities right now,” Hanrahan explains. “The CIHR is interested in expanding the body of information by funding researchers to address issues unique to official language minorities. Our committee will be working with the CIHR as it sets priorities and strategies.”

## New awards honour young anglophones

The Townshippers Association wants the public to recognize the outstanding young members of the anglophone community. Its new Townships Leaders of Tomorrow Awards are designed to reward young people between the ages of 15 and 35 who have demonstrated a capacity for leadership.

The Association hopes that by encouraging and recognizing young people who have shown leadership in the community, more young anglophones will feel a sense of “belonging” and will be less inclined to leave.

## Disabled young adults getting new services

Montreal's Constance Lethbridge Rehabilitation Centre is spearheading a new program for young people with spina bifida to help them better prepare for their future. With the MUHC, Shriners' Hospital, Mackay Centre and Spina Bifida Association, Lethbridge is offering counselling and special services for these disabled youngsters as they leave the pediatric setting.

"This is such a crucial time in their lives," affirms Ghislaine Prata, Lethbridge executive director. "At 14 or 15, they are thinking about choices for the future, about making educational and lifestyle decisions that depend on their level of autonomy. For these kids to be fully productive members of society, it is so important that they continue to be helped through their transition years into adulthood."

Children with spina bifida must undergo many medical interventions that require continual follow up for the rest of their lives. But, until now, there was no similar surveillance of their physical disabilities.

Says Prata: "It was amazing to learn that even the pediatric and adult networks didn't know what rehabilitation services and tools were available for these children. We're now visiting pediatric sites to explain our programs to children and their parents and to invite them to our Centre to see what services we can provide. If we had the resources, we could do the same for children with other disabilities."

## Telehealth pilots a beginning

Four pilot projects on telehealth conferencing could well lead to their more widespread use in rural anglophone communities. Organized by the CHSSN, this test program is funded with a grant from the Department of Canadian Heritage. The McGill University Health Centre (MUHC) is providing the medical professional expertise.

The first conference, on drugs and alcohol, was conducted for a high school class in the Magdalen Islands. The second, in the Thetford region, targeted issues facing caregivers of the elderly. Other sessions will cover, on the Lower North Shore, nutrition and quality of life and, in the Gaspé, children's behavioural issues. "These are all one-community sessions," says Russ Kueber, project coordinator. "In the future, though, such conferences could well involve multiple sites."

## Salvation Army has been here for 125 years

The Salvation Army celebrates its 125 years in Canada this year. It is a formidable organization. After the Canadian government, it is the largest social services network in the country.

A newer CHSSN member, the Army boasts a wide array of services to the Montreal community. Its emergency and disaster relief services operate province wide, as illustrated during the 1998 ice storm and the 1996 Saguenay floods.

## Elderly to get more attention in the Gaspé

One quarter of the anglophones living in the Gaspé are over 65 years old. And 60 percent of them cannot speak French. So the provision of geriatric care in English was an obvious priority when Vision Gaspé-Percé Now began talking to institutions taking part in the local Networking and Partnership Initiative (NPI).

"Our target was the Monsignor Ross Pavilion, the long-term-care facility here," explains Cynthia Patterson, NPI coordinator. "Its anglophone residents are dispersed throughout this very large building, so they are quite isolated from each other. We're asking that, where feasible, they share a room with an English-speaking person. Not only would they have mutual stimuli, but would share the benefits of visits from family and volunteers."

Vision is also planning to set up a common room for the anglophone residents in the Pavilion. They will have access to English TV and radio for diversion. And it will be a meeting place for their activities with families and volunteers.

"We're also all looking forward to the McGill second-language training program," says Peterson. "The institutions are very keen because it's the first time that funding has been made available for staff replacement wages. We agree that at least the professionals involved with gerontology or occupational therapy should be able to communicate with their clients."

## North Shore services in a sorry state

Remote communities suffer from a lack of healthcare services, but for some residents of the Lower North Shore, obtaining services in English is a particularly daunting task. Kim Buffett, who is coordinator of the Networking and Partnership Initiative for the Coasters Association, has some tales to tell.

“We uncovered some horrific stories during our community survey on healthcare,” says Buffett. “I had no idea things were so bad. And I live here.”

While residents of the western part of the region have access to a small hospital, those living in the scattered communities don't fare as well. “They're sent to Quebec for treatment,” says Buffett, “and that can mean being away for a week just to have stitches removed. Pregnant women have to leave for a month.

“Everyone receives \$150 towards transportation costs – after they return home,” Buffett explains. “But they pay for their accommodation. Many seniors are afraid to travel alone, but since no one gets an escort, they are given tranquilizers to get them on the plane. Once in Quebec, if they don't speak French, they can't understand what medication they're taking or what pre-surgery papers they're signing.”

Buffett is very optimistic about the NPI resolving most of the major issues. “We've seen tremendous results so far,” Buffett exclaims. “It can only get better.”

## Talking up services to South Shore anglos

There is good news for anglophones living on the south shore of the St. Lawrence near Montreal. A growing number of health and social services organizations are trying to reach out to the English-speaking population of the region. But with limited means, and a target audience so widely dispersed, their efforts were stalled. Until the South Shore Community Partners started posting information on available services on its wide communication network. Response from both sides of the language divide is very positive.

### CHSSN news

There have been some changes in CHSSN's administration.

**Jim Carter** has been named program and policy advisor

**Jennifer Johnson** has been named executive director

Members of the 2005-2006 board of directors have been elected:

President: **Ron Creary**  
 Vice-president: **Charlotte Dousett**  
 Treasurer: **Richard Walling**

Directors: **Zenon Bryniawsky**  
**Kathy Dodson**  
**Louis Hanrahan**  
**Eric Maldoff**  
**Erin Mallory**  
**Flora Naglie**  
**Ann Marie Powell**  
**John Walker**

## 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 partnerships and network building, to promote access to English-language health and social services;
- Provide information on the English-language community and its needs;
- Evaluate and disseminate successful models of organization of services;
- Pursue community education on key developments within the health and social services network;
- Support conferences and other forms of consultation on the provision of English-language health and social services.

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

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