

CHSSN launches new public health strategy

The CHSSN has targeted a new field of action for engaging English-speaking communities in Quebec's health and social services system. It is public health. Its 2007-2008 We Can Act program is designed to enable anglophone communities to participate in formulating public health strategy. The goal is to see that the communities' priorities are incorporated into future healthcare planning and programs.

"We have evidence-based data that indicate anglophones tend not to receive health information in English," says Jim Carter, CHSSN policy and program consultant. "So they don't, in general, participate in the province's health promotion programs. This new strategy aims to ensure that they will."

It is a timely move. Quebec is working on a new 10-year public health plan as part of its ongoing reform. At the same time, the federal government is developing a new public health orientation for Canada. "Having the opportunity to connect anglophone communities with important new public health strategy is a real breakthrough for us," says Carter.

The Quebec emphasis is on health promotion initiatives at local, municipal and provincial levels. "We're very well positioned to participate here," says Carter. "The Quebec public health plan is totally consistent with our population health approach and allows us to build on gains made with all our

initiatives in that area over the past four years."

First, community organizations will meet with public health officials in their territory to determine what new public health programs are being planned. It will differ from one locale to another. At the same time, they will inform them of the needs of anglophones and English service gaps in the public system.

"This is where our knowledge base is so important," says Carter. "The organizations have crucial data on the state of their communities, and have first hand knowledge on what priorities need to be addressed. Sharing that information with public health authorities gives a vital entrée into the real planning process."

The new program is funded by a \$380,000 grant from the Public Health Agency of Canada. While the CHSSN manages these resources, and provides backup support, it is the local community groups that determine the objectives, priorities and actions to which these resources are directed.

Communities decide the way to go

Nine community networks that are already established in their regions have been selected to participate in the new public health program. Other, newly formed, networks will be signing on to the program later.

Youth substance abuse and the isolation of the elderly are of prime concern in the Gaspé region. The Gaspé-Percé Community Health Networks aim to build a community public health strategy on youth dependence within the **Gaspé-Percé Youth Addictions and Recovery Network**. Key elements are already in place. There is a Healthy Schools project, a new local Community Learning Centre and an ongoing telehealth program that will all be integral to the network's public health strategy planning.

The **Gaspé-Percé Seniors Network** will be working with community and relevant partners to establish a consensus on priorities for seniors. Partners will be drawing pertinent information from an assessment done last year through the federal New Horizons program.

The **Magdalen Islands Network for Anglophones** is addressing the problem of substance abuse among its young people. The network wants to ensure that in future they can obtain the services they need.

Health Canada has allotted \$4.5 million to promote access to healthcare services for official minority communities. The national francophone healthcare network, la Société santé en français, receives \$3 million. The Quebec Community Groups Network (QCGN) and McGill receive \$1.5 million, which will fund new initiatives for Quebec's English-speaking communities.

There will be a heavy emphasis on prevention, starting with a widely based public awareness campaign.

The Magdalens' approach will involve local schools, the Sureté du Québec, and a regional anti-drug committee. This network has also joined Vision-Gaspé to lobby for a street worker for English-speaking youth in the region.

The CCS in East End Montreal will focus on how best to support development of English services in newly created Centres d'éducation pour la santé in the region's four CSSSs. It will also pursue how the community might participate in the production of English public health information materials. Substance abuse among youth is another priority. So CCS will provide resources to create a specific community-based public health project on drug addiction and prevention in local schools.

Among the issues for action on which **CASA** will be focusing are young deprived families in the Port Daniel-Gascons area of the Gaspé. A network team will be thoroughly assessing their socio-economic situation, as well as meeting with service providers for children, youth and families. These families' needs, as well as those of the broader community, will drive the exchanges with public health authorities on their action plans.

The **Lower North Shore Coalition for Health** is to compile an inventory and an accurate portrait of regional services and programs available in English and/or French. (Francophone and anglophone neighbours in the region are equally service-deprived.)

Part of the network team's preparatory work will draw on a recent study of residents having to leave the region to receive health care. Those findings will help to identify specific action to be taken.

The **MCDC-Partners in Health Thetford Mines** will be meeting with the public health coordinators in the Chaudière-Appalaches and l'Érable to learn about existing public health programs in the French community. They will evaluate which of those programs might be adapted to the anglophone community.

The **Outaouais Health and Social Services Network** will gather information on existing and planned public health programs and translate available material on the subject. The network team will also survey anglophones as to their perceptions and public health priorities. Information exchanges with public health professionals are also being planned.

The **Estrie Network of the Townshippers' Association** will be looking at the special needs of vulnerable English-speaking families with children under 5 years old. The goal is to encourage healthful lifestyles and to improve parenting skills. Health promotion for the 50+ generation is another priority.

The **Townshippers' Montérégie Network** is introducing a "Social Theatre" that will travel throughout the region, addressing priority healthcare issues onsite. Providing information kiosks and question-and-answer sessions with public health service providers is aimed at increasing anglophones' awareness, and use, of available services.

Francophone exchanges to benefit both minorities

As it is pursuing public health participation for anglophones in Quebec, the CHSSN has undertaken to meet and exchange ideas with its francophone counterparts in the rest of Canada. While the challenges facing the two minority-language communities are very similar, how they are resolving their healthcare issues is significantly different.

"They tend to emphasize the creation of French services," says Jennifer Johnson, CHSSN executive director. "We've concentrated on establishing partnerships and developing relationships with our public institutions. A mix of both approaches would probably be the richest method to respond to needs of minority language communities."

Johnson has already met with the Réseau santé albertain and the Prince Edward Island francophone network. New Brunswick is next on the agenda. "They're all very interested in having these exchanges with us," says Johnson. "We can learn a lot from each other."

Public health director meets with CHSSN

The director of Quebec's Santé publique, Dr. Alain Poirier, learned about the CHSSN's public health strategy at a special meeting in September. "He was very impressed with our presentation," says Jennifer Johnson, executive director. "He's interested in working with us to better include the English-speaking community and improve its role in planning public health initiatives. That opens an important door." □

New access initiative introduced by CHSSN

The CHSSN has embarked on another new program to improve access to health and social services in English in Quebec. This latest access initiative is funded by a \$1.1 million grant from Health Canada to the Quebec Community Groups Network (QCGN). The CHSSN has been mandated to implement and manage the project.

“There are three basic objectives to this new venture,” explains Jennifer Johnson, CHSSN executive director: “A major new promotion of Info-Santé to the English-speaking public; assistance in incorporating Info-Social into the health information network, and ensuring its accessibility to the province’s anglophones; financial assistance and background support to the province’s regional Health and Social Service Agencies, as well as to community organizations, to help with the implementation of new English access programs.”

Info-Santé ready to go

Quebec’s health information call-in network, Info-Santé, has recently completed a major overhaul to improve its efficiency. A significant part of its mandate now is to extend its reach to anglophones, long under-users of the system.

The CHSSN, which has already contributed to the translation and preparation of French healthcare material and training responders to operate in English, is stepping in to spread the word. “We will support a major publicity campaign to promote the service among English-speaking Quebecers,” says Johnson.

Info-Social coming soon

A new government call-in service, Info-Social, is joining the provincial network to respond to the public’s queries on various social services issues. The new service has already been piloted in some regions; the plan is now to make it province-wide.

To help make the new service accessible to English-speakers, the CHSSN will fund the preparation of information material and training manuals in English for the Info-Social telephone responders. This support will be bolstered by space on a new Info-Social website that will direct anglophones to social services available to them.

Access plans at a major turning point

Quebec’s regional Health and Social Services Agencies have the obligation to develop programs for the delivery of services in English. It is their institutions that draw up individual access plans to provide those services. Over the past two years, existing programs have been undergoing revision, both to bring them up to date and to accommodate reforms taking place within the healthcare system.

“How effectively the access plans are implemented and administered is of great importance to English-speaking communities,” Johnson affirms. “For in spite of legislative guarantees – and, in most cases, good will – anglophones do not have the same degree of services as

do francophones. By providing resources to help that situation, the CHSSN’s new initiative will be supporting the Agencies’ mandate.”

In response to the CHSSN’s invitation to submit proposals for improving or creating services for anglophones, all 16 regional Agencies sent in projects to be approved for funding. In general, they all focus on informing the anglophone community on what services are now available and how to access them, and on developing action programs that will fill in the gaps for services that are not.

A necessary boost

“The Agencies are happy to receive our support for their initiatives,” Johnson says. “We are, in fact, adding to their resources. Our financial help is important in this regard, but equally so is the involvement of local anglophone community groups.”

The community groups will play a key role by working with the public institutions in developing and implementing their action programs. They have also been invited to submit ideas for projects that will add to the impetus of change. These too will involve close collaboration with the public healthcare network.

“The timing couldn’t be better,” says Johnson. “The Quebec reform of our healthcare system has really opened the door to the Ministry’s capacity to change and do things differently. And we’ve worked hard to ensure that the provincial government sees these investments as supportive of its initiatives.” □

Case by case, the networks assess their progress

The CHSSN blazed a new trail for anglophone Quebecers with its networking and partnership project. Linking community organizations with public institutions was a completely new concept in pursuing access to English health and social services. It is one from which both sides have benefited.

Now that the networks have established their footing, it seemed appropriate to take stock of what they have accomplished, and of what they have learned. Joanne Pocock, CHSSN's lead researcher, has compiled a series of case studies on how the community networks view their progress.

"These are stories from the front line," says Pocock. "They highlight the vagaries and challenges of the networking process. But by identifying best practices, they can serve as a tool for advancing the development of these networks that are already established. We also hope that they'll provide the impetus for new networks in other anglophone communities where access needs are not yet answered."

"It means not only recognizing what are the needs of the community, but also proposing a solution within which the network can play an active role."

The first network of community groups and institutions was actually the CHSSN, formed in 2000. Its prime purpose was to create and sustain a province-wide network linking health-oriented resources in English-speaking communities in Quebec. The CHSSN now has 60 member-organizations.

The CHSSN's operational strategy in helping some of its members set up their own health networks began with assembling a comprehensive knowledge base on key factors that affect the health status of a community. Funds raised by the CHSSN provided resources for the communities to participate in this and other initiatives, including a telehealth program, personnel training and retention, and primary health projects. At the same time, the CHSSN provided training, coaching and ongoing support from its project team.

Networks ready to talk

The networks have been given high ratings in formal evaluation by the École nationale d'administration publique. In these case studies, they are evaluating themselves.

"By creating a mutual awareness, we have come to act as liaison between the community and the public system."

The **Megantic English-speaking Community Development Corporation**, because of solid relationships made over 10 years ago, had a head start on forming its network. But as Suzanne Aubre points out: "some members of the French-speaking community didn't know that there was an English-speaking community here". A big challenge, then, was to raise the community's profile. Another was to inform anglophones of services that were available in the region.

Vision-Gaspé-Percé Now was a very new organization tackling some long-time problems: high un-

employment, low education levels, youth substance abuse. Added to that challenge was the difficulty of convincing public partners to become involved. "It was like walking on eggshells in a mine field," says Cynthia Patterson.

But there have been concrete results, in improved healthcare access and introduction of additional services. Vision's new substance abuse program for anglophone youth is to be replicated by the francophone community.

"We offset lack of time and people by forming clusters of public partners and community stakeholders around specific issues."

The **Outaouais Health and Social Services Network** had to overcome resistance to the new networking concept. "We learned that the key is to understand the partnership from both sides," says Danielle Lanyi. "Fortunately, we had that knowledge base that gave us very important bargaining power."

The network is now involved in a wide-ranging information campaign on available services.

"We faced some growing pains due to administrative turmoil caused by changes in the system."

The **Montérégie Townshippers Association** has come to be seen as the expert on the English-speaking community because of its visibility and the impact its network has made. "We ran a heavy-hitting campaign on several fronts," says George Courville. "How far we've come is illustrated in our plan for a

bilingual youth home that is not only good for our youth but it's also become a rallying point for the English and French communities.”

“The key to our networking approach has been to increase awareness among our anglophone community as to who they are.”

The Estrie Townshippers Association had to overcome a lot of resistance from some groups that at first feared increased competition for public resources. “After seeing our initial positive results, though, they’ve come around,” says Rachel Garber, “so we’re now well ahead.”

Progress is particularly advanced in the promotion of healthy lifestyles for seniors and schooling for women and youth to help get them into the job market.

“We had to break down stereotypes on both sides, but we were able to communicate that we were all in this together.”

CAMI has been operating since 1987, but without the resources to tackle the broad scope of its community’s needs, it was not well known. As network leader, it got the resources to get at issues. CAMI’s network now has 22 members, with subcommittees working on a variety of different health priorities.

“We now have an anglophone on the CSSS board and one on the regional access committee – an important breakthrough.”

The Coasters Association has been active for 20 years promoting the interests of citizens of the Lower North Shore of Quebec. Anglophones are in the majority, but neither French nor English have been particularly well served. Many

have to leave the region to receive healthcare services.

“We’ve made important headway in tackling problems among our youth,” says Kimberley Buffitt. “There’s been a great improvement in drop-out and failure rates, for instance. That’s a crucial gain for the North Shore region.”

“We got each of our five municipalities to focus on one health issue and follow through with development of projects.”

The CCS is helping anglophones in Montreal’s East End who are widely dispersed and receive less health care than other Montreal anglophones. Its community and health needs assessment surprised local service providers, but enabled CCS to pull together a network of institutions and other community organizations to tackle major problems. “Everything just took off,” says Fatiha Gatrie-Guermiri. “We’ve been progressing nonstop.”

“We were very flexible, taking advantage of synergies. Several programs are now working together and in parallel.”

The Fraser Recovery Program, based in Quebec City, joined the networks in the Magdalen Islands and the Gaspé coast to help them with serious and growing substance abuse among youth.

“Our major challenge was to convince communities of the seriousness of the problem.”

“We’ve made a lot of progress,” says Hugh Fraser, “but the single most difficult challenge for us – to finally establish an intervention and prevention program – has been the

lack of professional social service workers. That’s still to be resolved.”

The breakthrough for CASA came at a public forum in the Gaspé where service providers, expecting a litany of complaints, were met with a discussion based on facts. Now the anglophone community has been invited to work with the regional Agency to ensure an adequate response to the anglophone community’s needs.

“A major point to be made to anglophones expecting a lot was that the CSSS does not receive additional funding to provide English services, so expectations have to be kept reasonable.”

“Our needs are so vast and sometimes so pressing,” affirms Cynthia Dow, “that one can indeed be very tempted to run off in all directions all at once.”

Well worth the effort

“I’m hugely impressed with these people,” says Pocock. “I found their situation shocking, and often sad. For some it’s been extremely difficult. They’ve tried so hard to make a difference and have devoted enormous time and energy to their communities.

“Theirs are success stories,” Pocock concludes. “And I believe that each of them has played a major role in bringing about change and the beginnings of a new deal for English-speaking Quebecers.”

The case studies – the challenges, activities, and particularly lessons learned – are in Community Network Building, available at www.chssn.org. □

Positive reaction expected from Health Minister

A crucial new report presented to Canada's Minister of Health in October will have a far-reaching influence on anglophones' access to healthcare services in Quebec. Delivered by the Consultative Committee for English-speaking Minority Communities*, the report sets out the communities' priorities for future action and suggests a supporting funding strategy for the federal government.

"The report points to the successful initiatives already taken," says Jim Carter, CHSSN policy and program advisor. "It emphasizes that these, and those planned for the future, are designed to work within the Quebec healthcare system. And they support the federal population health strategy by involving English-speaking Quebecers in planning and delivery of public health programs.

"In his March Throne Speech," says Carter, "the Prime Minister confirmed that the government 'will renew its commitment to official languages in Canada by developing a strategy for the next phase of the Action Plan for Official Languages'. In light of this, we're confident that our recommendations will be carefully considered."

*The Consultative Committee was created in 2000 by Health Canada to provide advice to the federal Minister of Health on ways to enhance the vitality of English-speaking communities in Quebec. A majority of its members are representatives of various groups involved in Quebec's health and social services system. □

Butters launches breakthrough project

The Butters Foundation, based in the Eastern Townships, has designed a new and groundbreaking project that will assist intellectually disabled persons from across the province. It will provide services in both official languages, but this \$3 million venture is very much an anglophone initiative.

It is a three-pronged venture. There will be a working farm to provide therapy and employment possibilities for the intellectually disabled. A special support program will be set up to give seed money to parents with disabled children to develop their own self-help programs. And a unique scientific

centre is to be built in St. Hyacinthe, where diagnostic tools and rehabilitation treatments will be developed for people with serious behavioural disorders.

"This is going to be a state-of-the-art facility," says Ron Creary, executive director of the foundation. "It will bring together social rehabilitation and mental health professionals as well as university researchers. A collaboration of this size is a first for Canada. And it's a fine example of private-public partnership: Butters is building the facility, and the local rehabilitation centre, the CRDI Montérégie, will provide the services to clients." □

Batshaw celebrates 100 years of care

The Prévost campus of Batshaw Youth and Family Services is marking its 100th birthday this year. First called the Boys' Farm and Training School, then Shawbridge Youth Centres, this correctional facility for juvenile offenders has sheltered over 13,000 youngsters since 1907. Today, the Prévost site can accommodate up to 80 young people, about half the number under Batshaw's residential care.

"These are not only kids who have committed crimes," explains Michael Udy, executive director of Batshaw. "More and more are being placed in care because of their severe behavioural problems. They've been abused and neglected and got into trouble. The labels and laws have changed from 100 years ago, but they're the same kids and our job is the same – to see that they are helped."

A treatment concept pioneered by the founders, residents – who come from all over the province – live in cottages to provide an atmosphere as close as possible to a family-living situation. There is a strong rehabilitation program, schooling, psychological help, sports activities, and specialized care, such as drug counselling. "We're also very involved with helping to strengthen relationships between these kids and their families for when they leave care," says Udy.

"If we want to reduce the number of troubled kids in our community, there needs to be much earlier intervention," Udy affirms. "Behavioural problems become apparent at a very young age, so when daycare centres and primary schools detect problems, they should be flagged for attention. That's the way we have to go." □

McGill project participants meet in Montreal

Professionals and community representatives involved in McGill's Training and Human Resources Development Project assembled in Montreal in November to share information on their experiences to date. Launched two years ago with a grant from Health Canada, the project is designed to attract students to work in regions of the province where health and social services in English are wanting.

"There was certainly a high level of interaction at the meeting," says Estelle Hopmeyer, co-investigator of the project. "Everyone had some first hand experience and they really valued having the opportunity to hear from each other."

Core of the project is the field placement of students in regional institutions. It is hoped that this experience will encourage them to consider a permanent posting in the regions. So far, such internships have been arranged on the Lower North Shore, and in St. Agathe, Sherbrooke and Lachute. Several

social work and nursing students are attached to schools in East End Montreal. And interest is growing.

"It's a complex undertaking," says Hopmeyer. "We have to mesh the schedules of all the institutions involved and arrange for professional field supervision. Each setting is unique, with its own requirements. The local anglophone community groups are providing important support for these students in the regions. And some are even actively recruiting students themselves."

CASA in recruiting mode

The Committee for Anglophone Social Action (CASA) described for delegates its project that was funded through the McGill project. "We've organized a recruiting campaign, Come Home to the Gaspé," says Kim Harrison. "We're appointing student ambassadors to attend career fairs in Montreal to distribute our new promotional material. And we've set up a website that will post job openings in our region." □

AMI-Quebec changes its name at 30

Celebrating its 30th anniversary this year, AMI-Quebec has decided to change its name to better reflect the proactive role it has assumed over the years. Previously the Alliance for the Mentally Ill, AMI now stands for Action on Mental Illness. "It's a much more dynamic description of what we do," says Ella Amir, executive director.

AMI was founded in 1977 when four families who were dealing with mentally ill loved ones gathered

together for mutual support. That group has steadily grown into an association of almost 700 families.

While mutual support remains its core, AMI has developed a diverse program of professional assistance for its members as well as outreach activities aimed at eliminating the stigma of mental illness among the public at large. "We're also working to sensitize mental health professionals on how necessary it is to support families," says Amir. □

QCGN's new president moves on new mandate

Robert Donnelly, new president of the Quebec Community Groups Network, has come to the job at a time of transition. Changes in governance, operational priorities and community outreach are lending a new dynamic to the organization. It is one that Donnelly welcomes.

"I was eager to take it on," says Quebec City-based Donnelly. "The QCGN has become an important influence in promoting the vitality of the English-speaking minority in this province."

The president points to three major priorities for the new QCGN. "We aim to be recognized as an official voice of the English-speaking minority communities," says Donnelly. "That entails raising our visibility and our funding. It also entails broadening the QCGN's base. Criteria for new members have been changed so that their being funded by Canadian Heritage is no longer a prerequisite."

Effective management is another goal. The QCGN has set up a new structure, with standing committees on membership, youth, finance and community development.

Important initiative in Montreal

"We want to boost our activities in the Greater Montreal region," says Donnelly. "That's where 75 per cent of the province's anglophones live. We set up the Greater Montreal Development Initiative (GMDI) to identify the challenges the anglophone communities face and to determine how to address them." Further information on the QCGN is available at: www.qcgn.ca. □

Advisory committee will monitor access programs

After going through a laborious process of revision and approval, the province's access programs for English-language services are set to be decreed by Cabinet. The next big challenge is their implementation. That is where the provincial committee for the delivery of English-language health and social services intends to play a very important role.

"We'll be following up on their implementation in a very structured way," says Ron MacNeil, committee secretary. "Healthcare reforms now call for a link between the access programs and the clinical projects that all the local CSSSs are developing. As the clinical projects evolve, the access programs will be progressively plugged into regular healthcare planning. This is a major shift from past practice. It's one that we welcome and will watch."

The first advisory committee was set up in 1991 as a liaison between English-speaking Quebecers, the Quebec government and the Ministry of Health and Social Services. Its pivotal role is to offer opinions on government healthcare policies and planning as they affect services to anglophones.

"The object of the current reform is to ensure that the client doesn't have to navigate the system alone," says McNeil. "The system must be structured to help navigate the client. This change will affect anglophones' service delivery. We'll monitor how well they are being accommodated, and we'd like to see an evaluation of their satisfaction for services they receive." □

QCGN calls for services for anglophone seniors

The QCGN has called upon the Quebec government to develop a public policy to protect health and social services for English-speaking seniors. This appeal was in a brief presented by Sylvia Martin-LaForge, executive director, to the province's consultative commission on seniors in November.

LaForge explained to the commission that 10 percent of Quebec's close to one million anglophones is 65 or older. As baby boomers age, those numbers will continue to rise, and there will be even greater stress on already limited English services.

The QCGN is asking for policy commitments in four basic areas: targeted funding for English-speaking seniors; better access to information in English; creation of a province-wide coalition for English-language groups representing seniors; and an independent commissioner of seniors' welfare, much like an auditor-general. □

New provincial committee for the delivery of English-language health and social services named

James Carter
John Cruikshank
Cynthia Dow
Dr. Abraham Fuks
Marjorie Goodfellow
Jennifer Johnson
Edward McCann
Aline Rahal Visser
Lionel Roberts
Lorraine Torpy
Michael Udy
Ronald McNeil, secretary

The CHSSN

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

The CHSSN's objectives are to:

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

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

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