



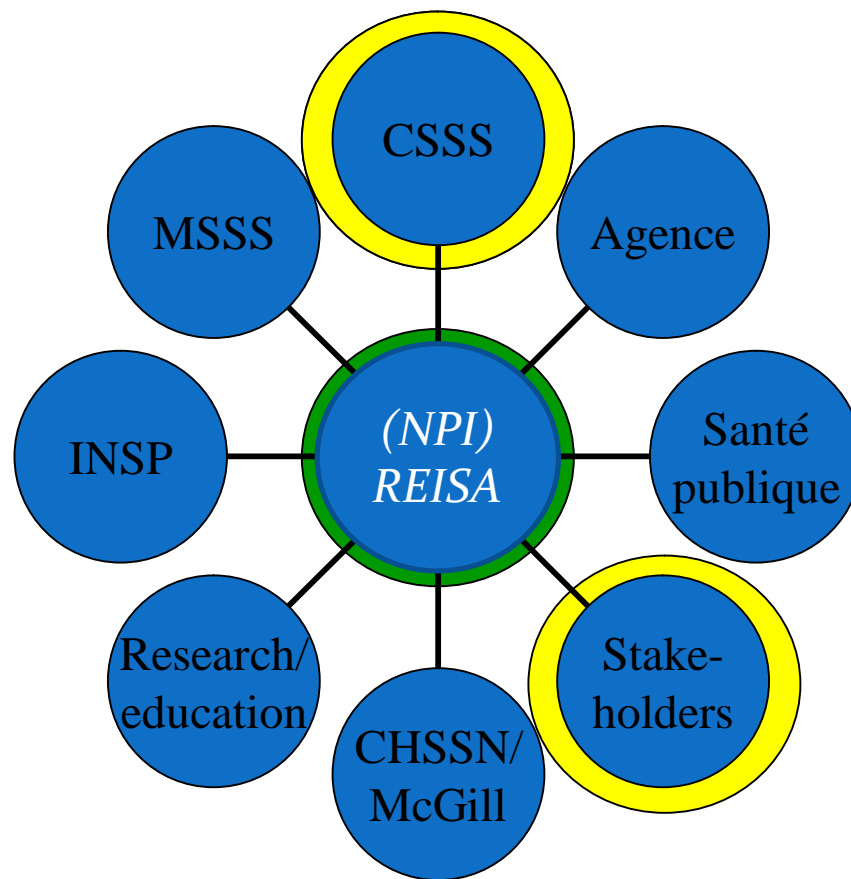
# Development and Dynamics of a Community Network



# REISA

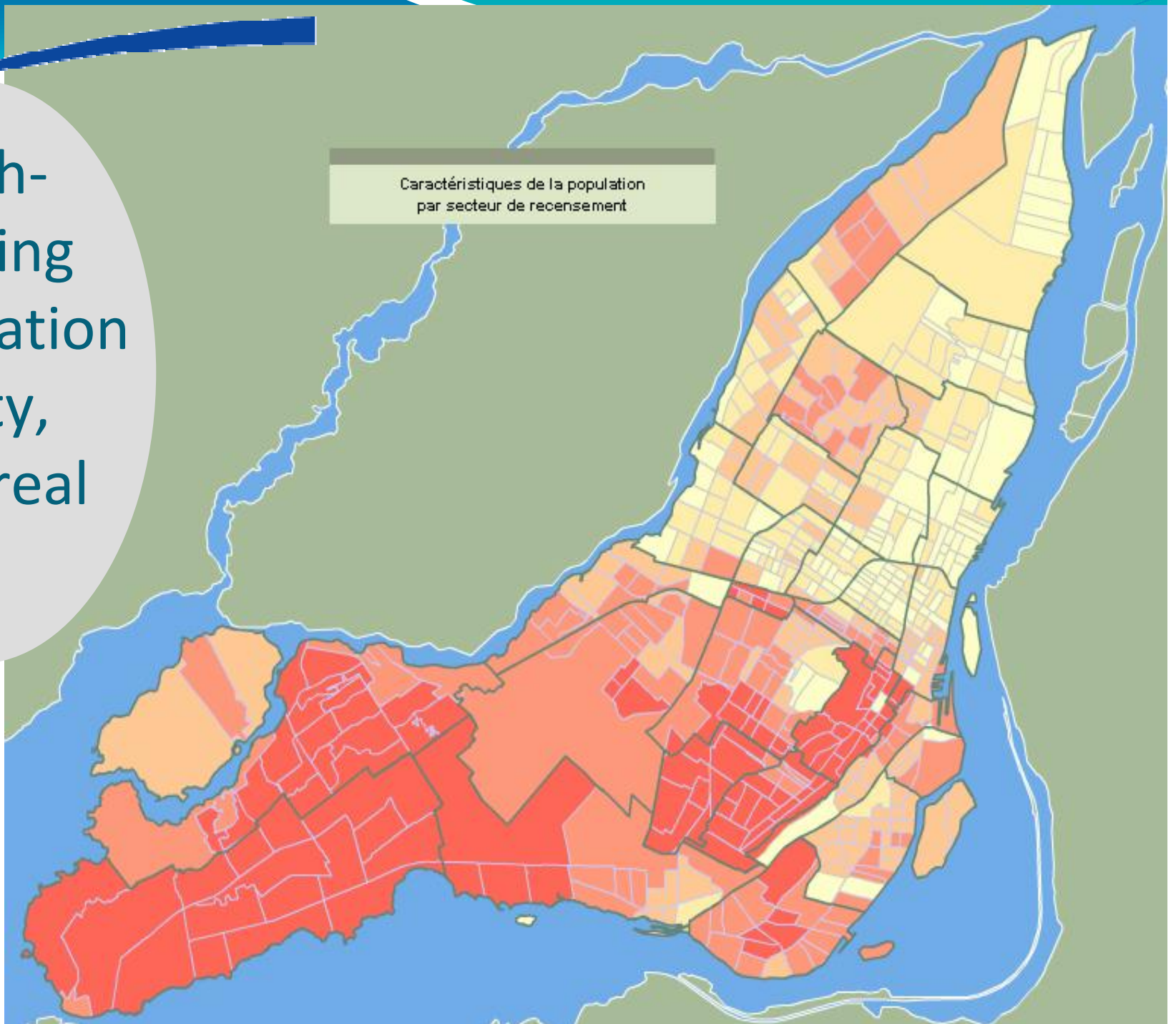
Réseau de l'Est de l'Île pour les services en anglais  
East Island Network for English Language Services

# WHO healthcare partnership model



English-speaking population density, Montreal Island

Caractéristiques de la population par secteur de recensement



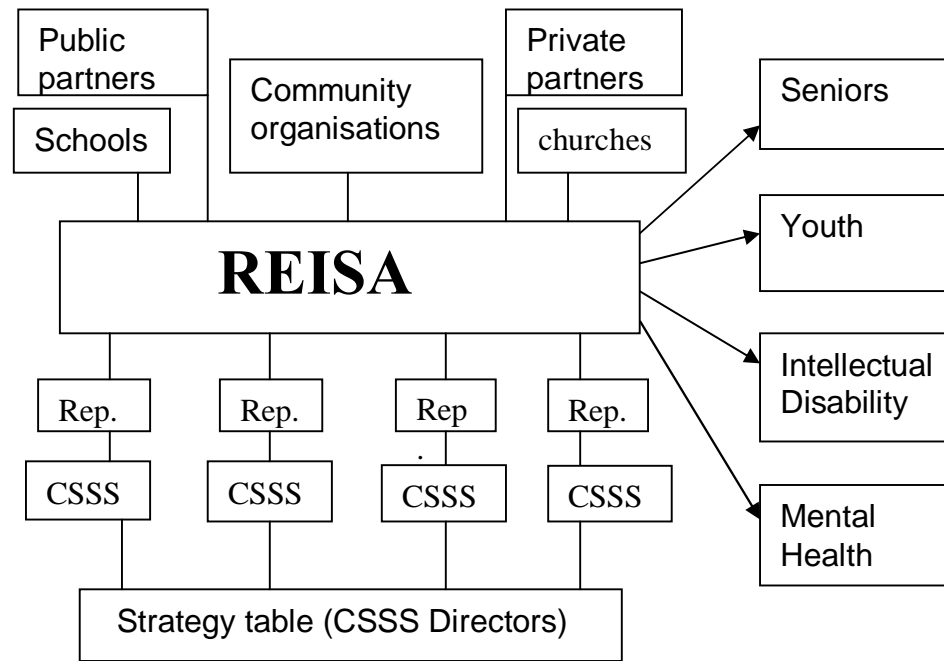
## 2005: study partnership

- ***Cultivating Roots (CCS):***
- feasibility
- inventory of organisations
- consultations
- networking support
- project coordination



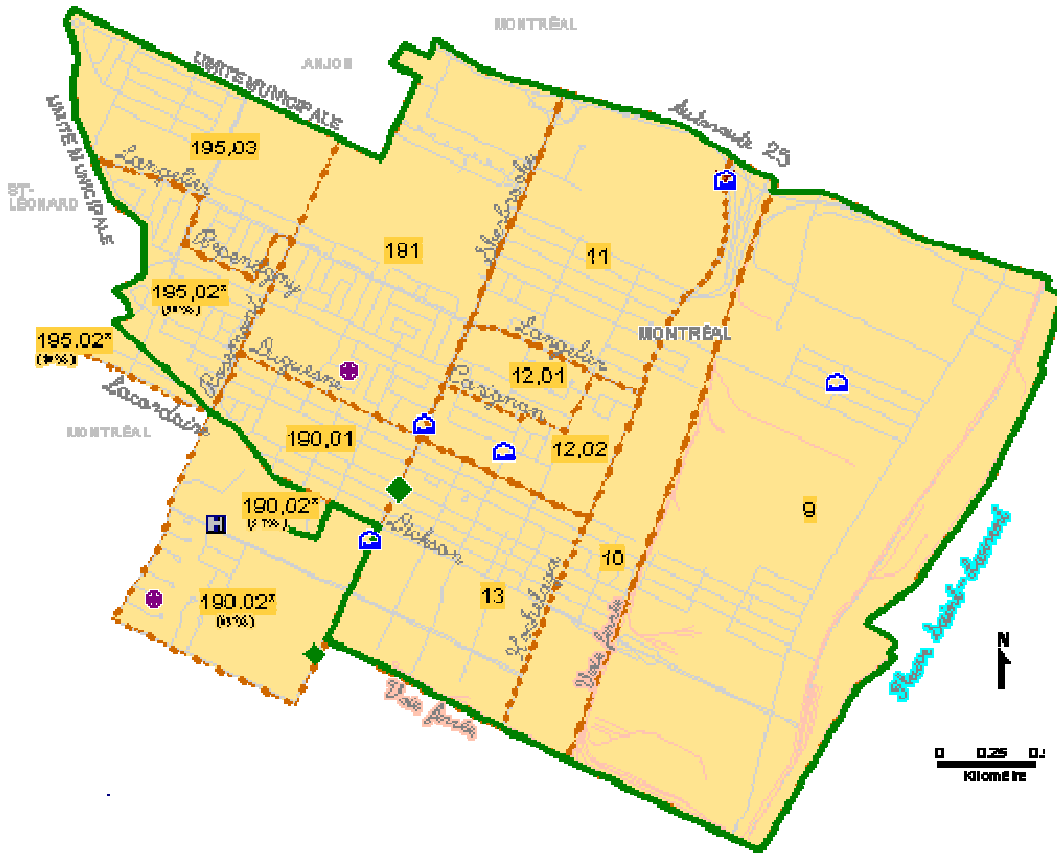
- ***FASSP (3 CSSS's):***
- literature review
- consultations
- Stats & Survey  
1,800 E-I e.s.p.
- Service model
- Strategic plan
- presentations

# REISA Partnership structure



# Anglophone population density by census sector

## Olivier-Guimond



Secteur de recensement	% de la population
009	2,90 %
010	2,43 %
011	7,49 %
012.01	7,95 %
012.02	9,01 %
013.00	4,27 %
190.01	8,35 %
191.00	7,32 %
195.02	12,7 %
195.03	21,5 %

## FASSP 2005-2006: Were you born in Canada?

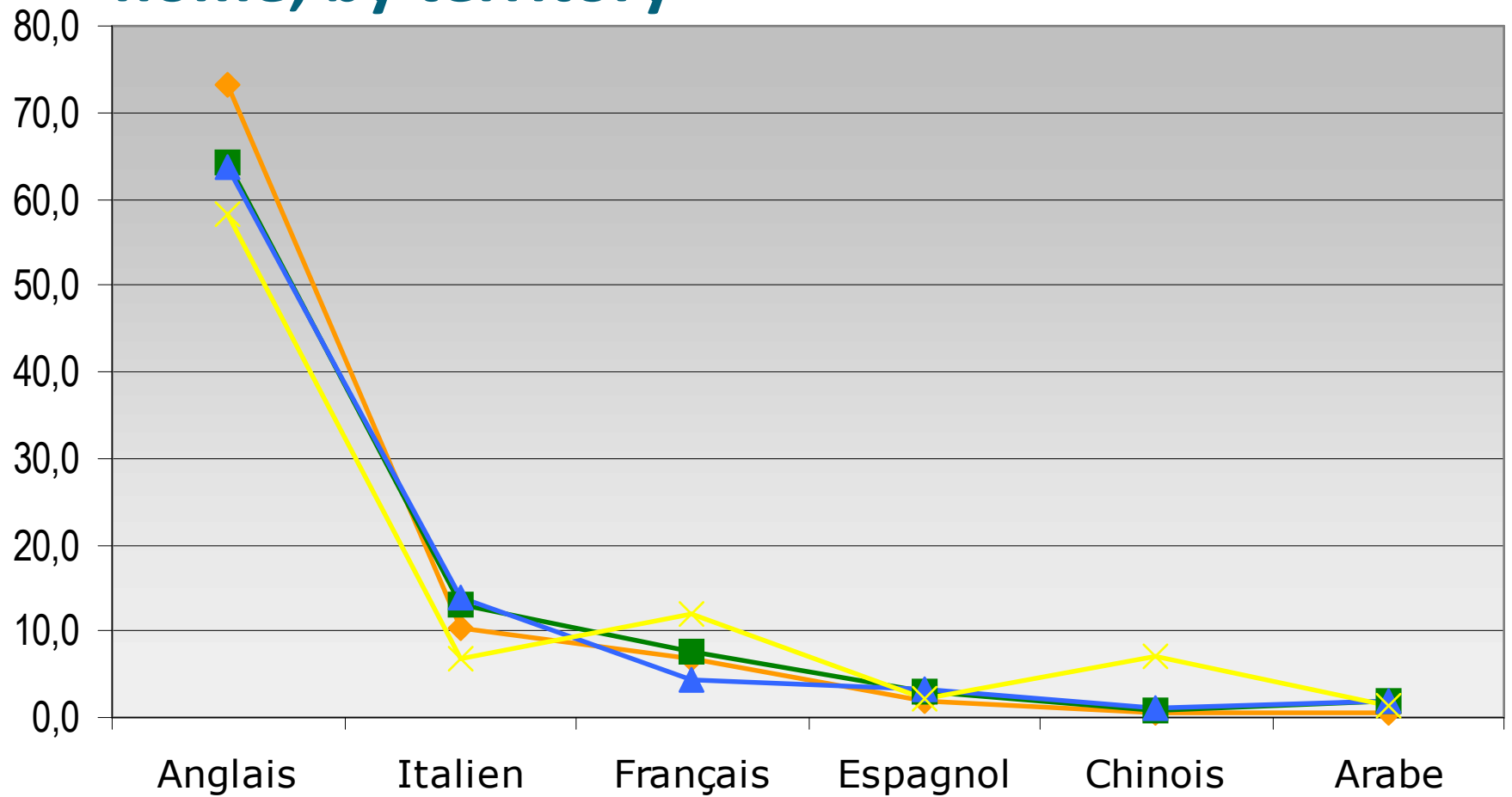
	% four territories	Pointe- de-l'Île	St-Léonard /St-Michel	Ahuntsic /Mtl-Nord	Lucille- Teasdale
<b>Not born in Canada</b>	<b>37,9</b>	29,1	35,1	41,4	50,3

## FASSP 2005-2006: What do you consider to be your ethnic or cultural origin?


	% dans l'Est	Pointe- de-l'Île	St-Léonard /St-Michel	Ahuntsic /Mtl-Nord	Lucille- Teasdale
<b>Italien</b>	<b>36,6</b>	37,2	42,3	36,6	23,3
<b>Chinois</b>	<b>1,9</b>				6,7
<b>Polonais</b>	<b>1,7</b>		2,8		3,3
<b>Indo-Pakistanais</b>	<b>1,7</b>			4,0	
<b>Espagnol</b>	<b>1,3</b>			2,2	
<b>Grec</b>	<b>1,2</b>	2,2			2,3
<b>Irlandais</b>	<b>0,8</b>	2,2			
<b>Britannique</b>	<b>0,6</b>				1,7
<b>Ukrainien</b>	<b>0,4</b>				1,0
<b>Autochtone</b>	<b>0,3</b>				1,0



# FASSP 2005-2006: Language most spoken at home, by territory



—◆— Pointe-de-l'Île —■— St-Léonard/St-Michel —▲— Ahuntsic/Mtl-Nord —×— Lucille-Teasdale



## **FASSP 2005-2006: Were there situations in the last twelve months where you would have liked to have been served in English and were not?**

- Yes 30,5 %
- No 65,4 %

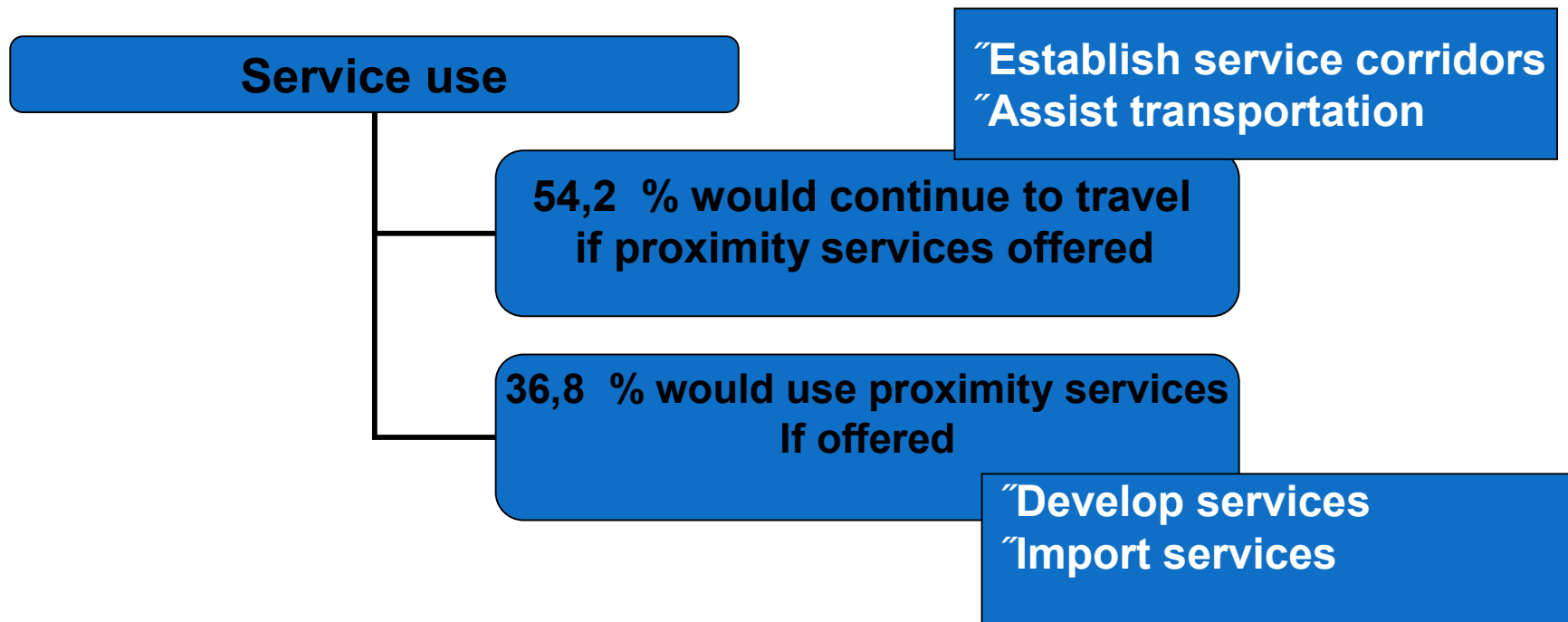
Given the situation you have just described, do you feel that being served in French was...?

- Totally unacceptable 33.3%
- Somewhat unacceptable 32.0%
- Somewhat acceptable 23.7%
- Totally acceptable 7.9%

## FASSP2005-2006: Primary motive for travelling to receive healthcare services...

	%	
Family doctor practices there	27,1	Medical reasons 52,7 %
Specialist practices there	18,5	
Was referred there	6,2	
Operation scheduled there	0,9	
English services are better there	12,9	Language 12,9%
Recommendation from family/friend	2,2	Opinion 6,0 %
Reputation of hospital	3,8	
Service not available near home	4,1	Proximity <b>5,1 %</b>
Service near my work/school	1,0	

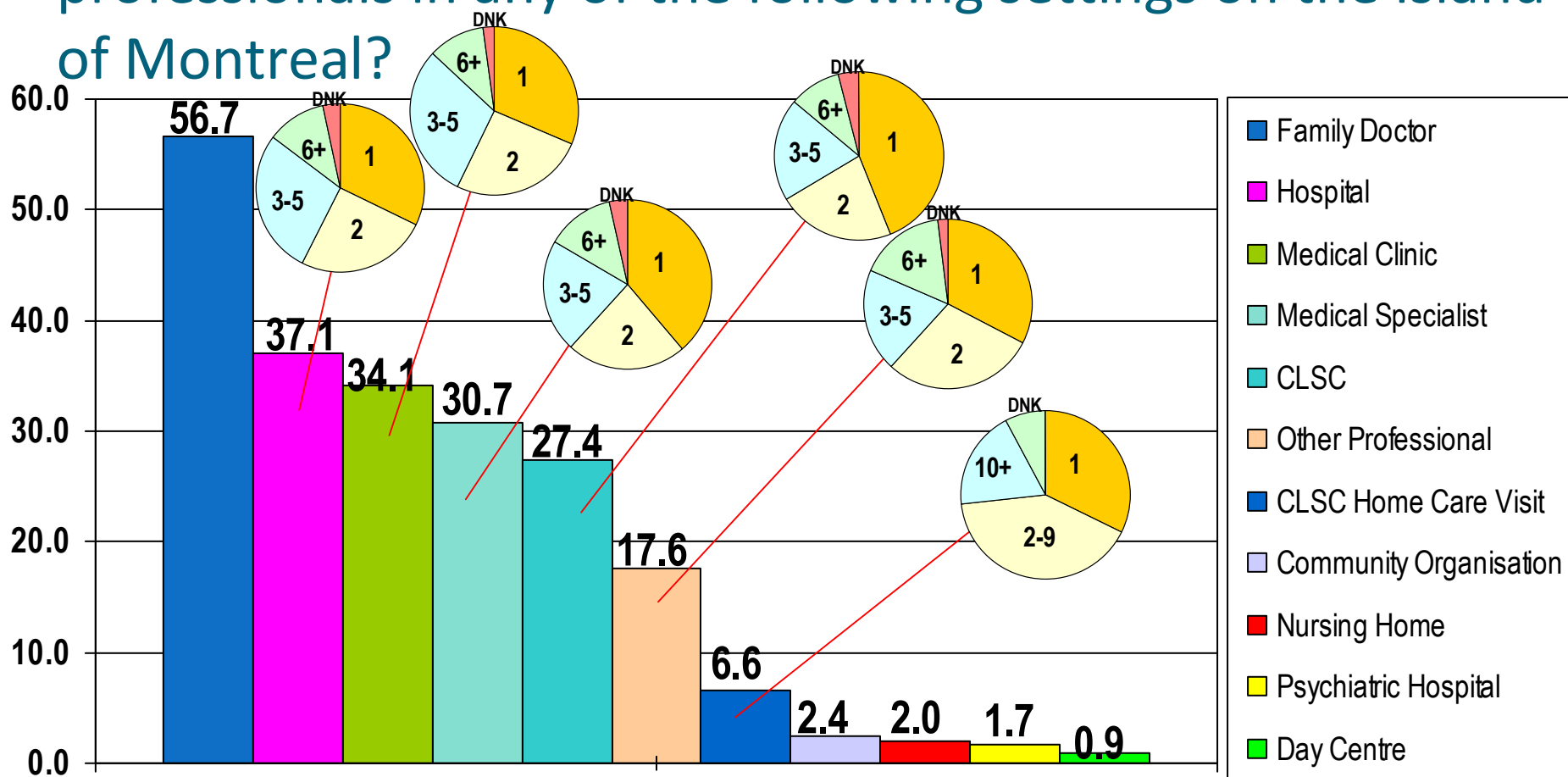
# Implications for service organisation



# FASSP 2005-2006: Situations of discomfort in using French (« somewhat uneasy » + « entirely uneasy »)

	%	Variation CSSS
<b>Victim of a violent act</b>	48,0	45,7 . 55,4 %
<b>Dépressed - anxious</b>	47,4	45,7 - 55 %
<b>Help for conjugal problems</b>	47,0	45,5 . 50 %
<b>Addiction/substance abuse problems</b>	45,1	42,7 . 51 %
<b>Health-related information</b>	44,6	42,8 . 48,7 %
<b>Emergency medical care</b>	43,0	41 . 47 %
<b>Homecare for a sick or handicapped family member</b>	41,3	40 . 45 %
<b>Home visit from a health professional</b>	40,0	38,6 . 45,7 %
<b>Help taking a bath</b>	39,2	38,2 . 44 %
<b>Minor physical problem</b>	38,1	35 . 45,7 %
<b>Physical therapy following illness or accident</b>	36,9	34,6 . 41 %
<b>Routine medical exam</b>	36,4	34,6 . 43 %
<b>Vaccination for a child</b>	29,9	28,4 . 36 %
<b>Dressing change done by a nurse</b>	28,5	28,5 . 32,4 %
<b>Taking an appointment</b>	28,3	26,8 . 33,3 %
<b>Sample collection (blood, urine)</b>	27,0	24,5 . 34 %

FASSP 2005-2006: In the past twelve months, have you consulted, on your own behalf or on behalf of a dependant, one or more health or social service professionals in any of the following settings on the Island of Montreal?



## Community consultation: May, 2005



- Adoption of strategic plan: February 2006
- Choice of East-Island sponsor: December 2007



## REISA development process 2005-2006

- Survey ZBA
  - n=1 800 '*persons more comfortable in English than in French*'.
  - Cost: \$5 000.
- Community consultation:
  - Explain data
  - Document field observations
- Consultations according to **programme-service**
  - Understand dynamics generating access problems
  - Put stake-holders in collaborative mode
- Needs analysis + community assets study = 14 projets 'ready-to-fly for community sector partnerships.'



## Mental Health Projects

- Ami Quebec Care-Ring Voice Network: outreach to families in East-Island and surrounding regions.
- Mental Health Forum
- Partnership plan (spring 2011)
- Friends for Life (Australian model used in 17 countries)



## Vicious cycle of invisibility



- Anglos don't use the service.
- No priority is given to adapting services for Anglos because there are so few users.
- Anglos who try to use the service find it's not adapted to their needs, give up, and talk about it within the English-speaking community.
- Anglos don't use the service.
- Families and community fill the need.
- The response isn't integrated into the healthcare system.
- Minority users aren't represented by any organisation.
- (eg. of 12 non-profit groups: 2-4% Ang. users for 14% pop.)

## Intellectual Disability projects

- East Foundation: access to public support (from health and employability sectors)
- Survey of 500 families to prioritise needs
- Respite care feasibility study



- Respite care centre
- Young adult workshops
- Pre-Kindergarden integration project (East Foundation, EMSB)

## Parallel services



- The minority community raises funds to meet a need.
- A sliding-scale Business replaces free public services.
- Public services receive few minority users and so, don't adapt services to their needs.
- Since public services aren't adapted, minority users have to turn to the Business.
- The Business doesn't represent its minority users within the healthcare system, and the system doesn't consult it because it's a Business.
- Minority users remain invisible. The community pays for their own services, on top of paying taxes.

## Youth projects

- Community Learning Centre
- Foster Pavillon substance abuse/ gambling (therapy)
- Drug awareness (prevention)
- Diabetes awareness
- Families in transition
- Stagiaires en sciences infirmières
- LIS (literacy for English kids in French schools)
- Friends for Life (Australian model)
- Expressin' Life



## Seniors' projects

- Almage Touring Community Centre (a weekly seniors' group in each territory)
- Ambassadorial volunteering
- Stand Up fall-prevention program
- Dementia project



- Telemonitoring for diabetes self-management
- Linguistic adaptation of day centres

## Sneaky seniors



- Ashamed to speak outside the home.
- Believe that CLSC's are for francophones.
- Reported to a CLSC only after such major losses of autonomy that placement in a CHSLD is needed.
- Understands that the CLSC forces people to leave their homes.
- Doesn't wanted to be reported to a CLSC.
- Homecare discovers minority users only after autonomy has degraded beyond levels of functioning required for attending a day centre.

## Inaccessible day-centres



- English-speakers are referred to the Too Far Away Day Centre because local services are in French.
- Local services can't be adapted for services users of the Too Far Away Day Centre.

➔ **Too Far Away Day Centre loses its regional mandate.**

- English-speakers are now a local responsibility.
- Homecare doesn't refer English-speakers to local services because they are in French.
- 'We don't have any English-speaking users! Why adapt services for them?'





## **Linguistic adaptation of day-centre services (18 000 \$ New Horizons)**

- Identification of a model approach (CSSS Cavendish-Centre de Jour Henri Bradet);
- Validation with CSSS de Saint-Léonard et Saint-Michel (Centre de Jour Quatre-Temps);
- Présentation to the coordinator's table for Montreal Island day centres;
- Seven centres participating in linguistic adaptation project.



## Linguistic adaptation of front-line telemonitoring for learning self-management of chronic disease (PHAC 240 000 \$)

- Agreements with 7 CSSS across Quebec (thanks to the efforts of Coasters, CAMI, CASA, Vision Gaspé)
- Methodology for community-guided set-up of telemonitoring
- Community support to self-management learners
- Efficiency gains: from 20 diabetics per week to 80 per day, with better-quality follow-up
- Research on core competencies to develop nursing training in telemonitoring, with training placements.

## REISA's members

- Ami Québec
- Almage Senior Centre
- Catholic Community Services
- Consensus Mediation
- Centre Life- Project Pride
- Centre Leonardo Da Vinci
- East Foundation
- Toxic-Stop
- CSSS d'Ahuntsic et de Montréal-Nord
- CSSS Lucille Teasdale
- CSSS de la Pointe de-l'Île
- CSSS de Saint-Léonard et Saint-Michel
- Batshaw Youth and family Centres
- Foster Pavillion
- Don Bosco Youth Leadership Centre
- English Montreal School Board
- Canadian Italian Community Services
- McGill Placement Initiative
- Service Bénévole de l'Est de Montréal
- The Coalition of Education, health, Social work and Community Services

