Community Portrait: Laval

April 2013

Portrait of the English-speaking Community of Laval

"Reaching beyond government to involve civil society and the voluntary and private sectors is a vital step towards action for health equity. The increased incorporation of community engagement and social participation in policy processes helps to ensure fair decision-making on health equity issues." (WHO, 10).

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A project on community development

In 2009, the Community Health and Social Services Network (CHSSN) concluded an agreement with Quebec's Institut national de santé publique (INSPQ) to develop knowledge on the English-speaking population of Quebec as part of a program concerning health projects for official language minority communities. Gaining a better understanding of English-speaking communities in Quebec is one of the objectives of that collaboration, and it is explored here through the lens of community development.

Community development has been defined as "a voluntary cooperative process of mutual assistance and of building social ties between local residents and institutions, with the goal being to improve physical, social, and economic living conditions."[1] The idea is for community members to take collective action and generate solutions to common problems by planning the development of all aspects of community well-being. The goal is to improve people's quality of life and to reduce social inequalities.

There are many different approaches to community development and many different groups that are engaged in it. Public health workers are one of those groups. In the Quebec context, community development has been identified as one of the main intervention strategies in public health. Many regional health boards and health centres are therefore engaged in community development.

The process of community development is grounded on several strategies:

- Community engagement
- Empowerment
- Intersectoral collaboration and partnership
- Political commitment leading to healthy public policy
- Capacity building

The underlying principle is that individuals and communities need to be empowered to take greater control over their health and future, with a view to reducing inequality among community members[2].

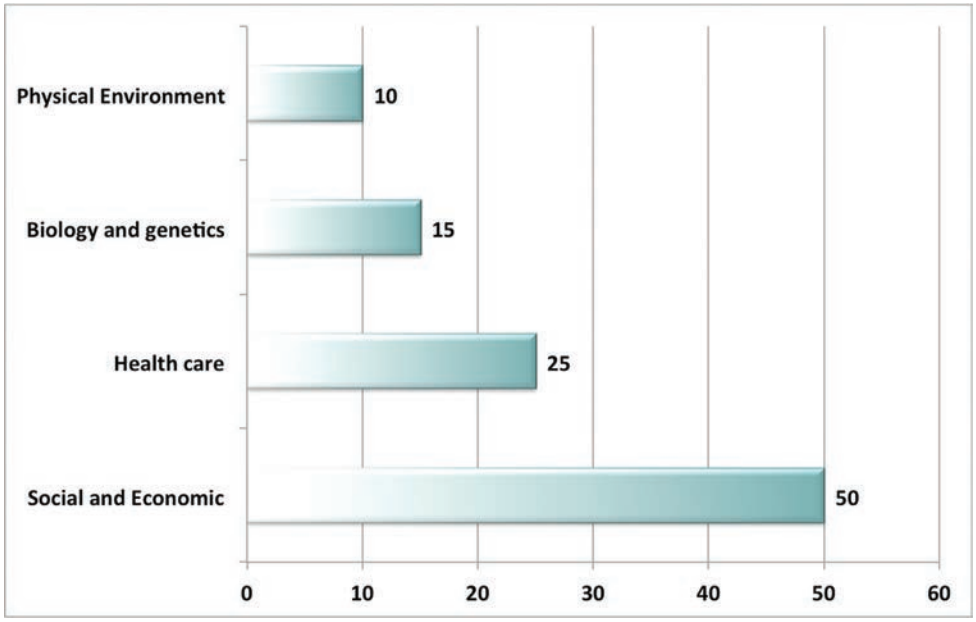
Building healthy communities

In keeping with the CHSSN's commitment to a population health approach that takes into account the range of health determinants, this project adopts a holistic view of health. This means examining ways to improve people's health, and the health of the community more broadly, through a socio-environmental approach, which considers health as a product of social and environmental determinants that interact to influence our health status.

The many different factors that contribute to health are referred to as health determinants. Health determinants are defined as the individual, social, economic and environmental factors that can be associated with specific health problems or with overall health status[3]. Although there are many health determinants—income and social status, social support networks, education, employment and working conditions, physical

environments, biology and genetics, health services, and more—research shows that socio-economic and physical environments are among the main determinants of health.

Even within the same region, there are major differences between communities in terms of health, well-being, and quality of life and some of these differences are related to varying social and economic conditions.



This means that communities can have an impact on the health and well-being of their residents by working to reduce inequalities among people, and by creating a "healthy community."

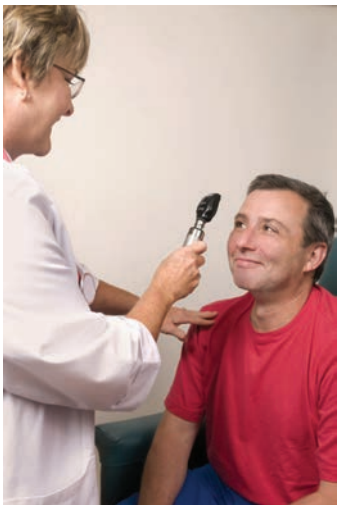
A healthy community is considered to be one in which:

- Residents have access to **quality drinking water, food and housing**
- Residents **feel safe** in their community
- Residents have **access to work** that satisfies them
- Residents enjoy a clean, safe, high-quality **physical environment**
- The community has a wide range of well-coordinated **support groups**
- Residents maintain connectedness with their past, their cultural and biological heritage and with other individuals there by developing a real **sense of belonging to their community**
- A wide variety of **social, sports and cultural activities** encourage residents to adopt active and healthy life residents have easy **access to public and private services**
- Economic activity in the municipality has a **strong and diversified base**
- Residents are **active participants** in the decisions that affect them
- Residents have access to **appropriate health care services** and generally enjoy good health[4]

A significant number of health determinants are beyond individual control and only the community can have an impact on them. Therefore, just as individual empowerment is important for health and well-being, so too is community empowerment. This means building the community capacity to structure itself in ways that help to improve the quality of life of its members. Beyond such traditional indicators as the economy and demographics, we must take into account factors such as democratic life, community dynamics and social capital, all of which testify to the health of a community as a living entity[5].

Access to health care among minority language groups

After social and economic conditions, health care is the next most significant determinant (estimated to account for about 25% of people's health). Having access to health and social services is therefore vital. However, many factors can play a role in facilitating or hindering access to such services. Research shows that language is one of these factors and can therefore be considered a health determinant.



Language barriers can create inequalities in health status because problems in communication and understanding reduce the use of preventative services, increase the amount of time spent in consultations and diagnostic tests, and influence the quality of services where language is an essential tool—such as mental health services, social services, physiotherapy and occupational therapy. Language barriers also reduce the probability of compliance with treatment and diminish the level of satisfaction with the care and services received[6]. Minority language communities often have greater difficulty obtaining services in a language they understand well, and even official language communities face barriers.

Among English-speaking Quebeckers, access to health and social services remains a challenge for many, in spite of the fact that rates of bilingualism in this group are on the rise, and English speakers are more likely than other language groups to be able to converse in both French and English.[7] There is, as well, a wide variation in accessibility and quality of health and social services in English across the province.[8]

The Community Health and Social Services Network was founded in 2002 in response to these difficulties experienced by English-speaking communities. It was established to support communities in their efforts to develop community infrastructure and build strategic relationships and partnerships within the health and social services system to improve access to services.[9] In doing so it aims to support English-speaking communities in Quebec in their efforts to redress health status inequalities and promote community vitality. Through a series of projects and partnerships that link community and public partners, the CHSSN is working to strengthen networks at the local, regional and provincial levels in order to address health determinants, influence public policy and develop services.

How is it that a group that is the linguistic majority in all other provinces (indeed in North America as a whole) needs such support? The situation of English-speaking Quebeckers has changed over recent decades and a better understanding of those transformations can help shed light on current realities.

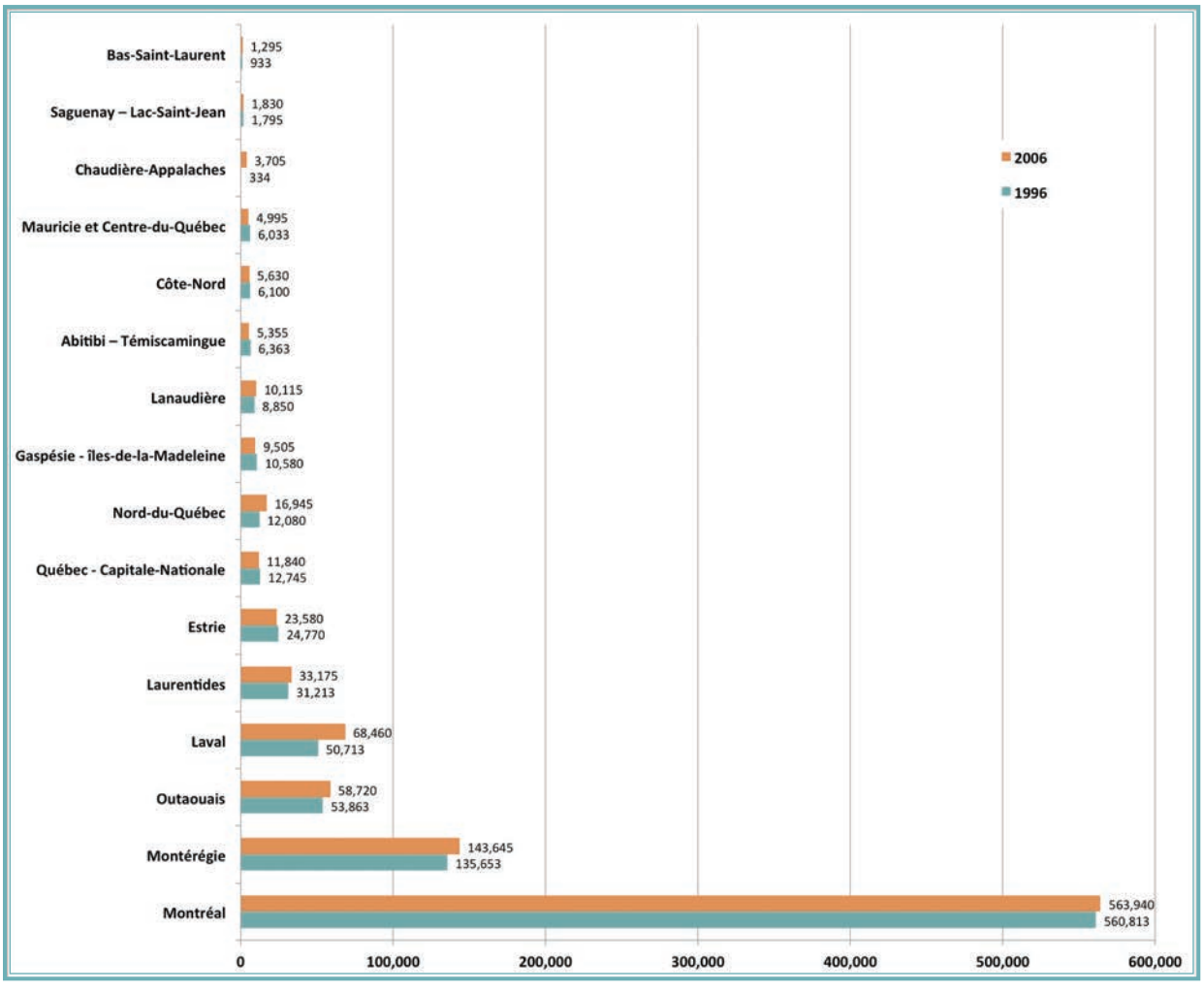
Changing realities among English speakers in Quebec

Since the British Conquest in 1759, the English-speaking population of Quebec has experienced significant demographic, political and economic changes. Following the defeat of the French forces, increasing numbers of English speakers came to settle in what is now Quebec. While by no means were all these settlers well-off, historically the English-speaking population has been well-represented among Quebec's economic and political elite. The position of English speakers remained strong until at least the mid-20th century, however

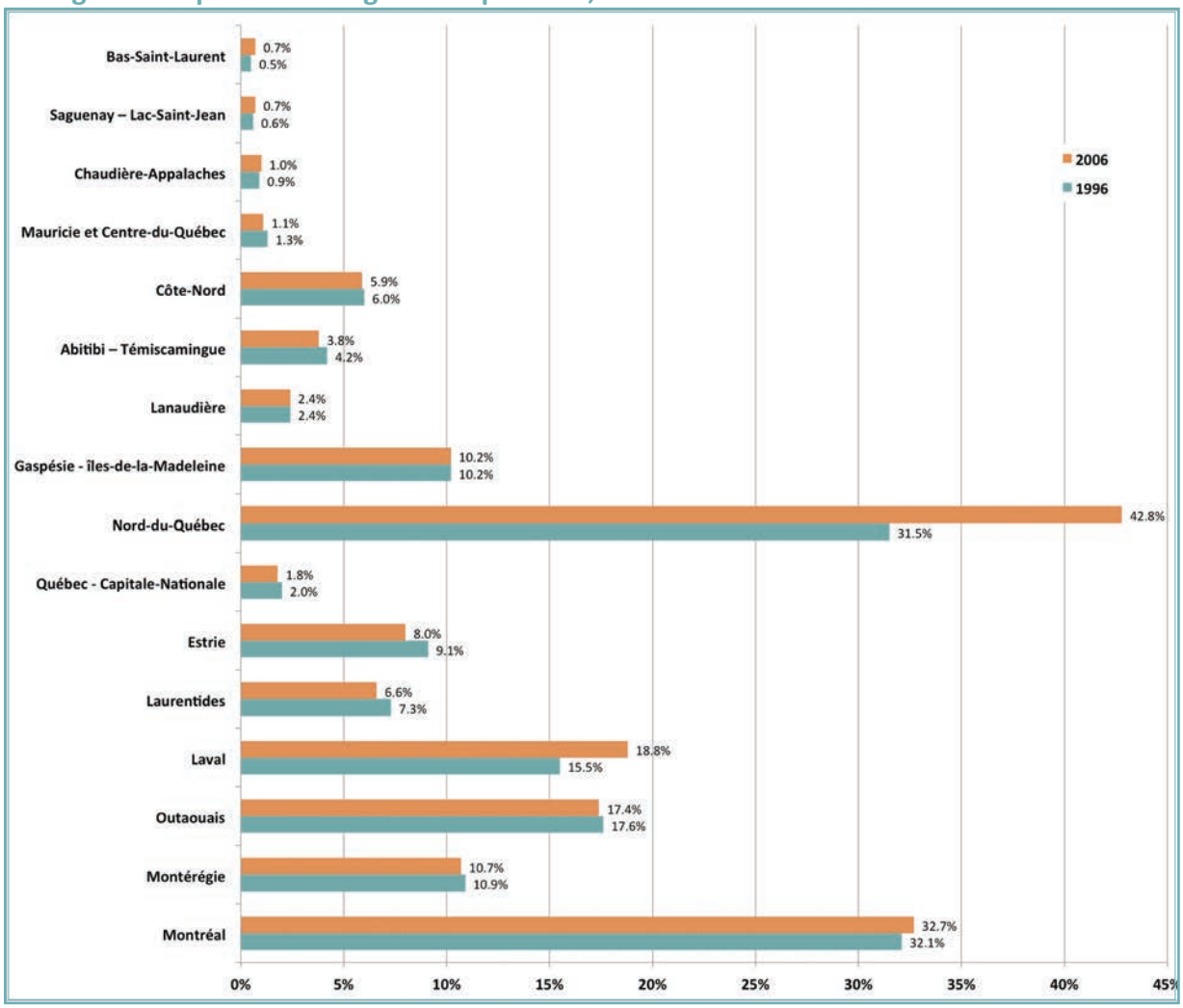
changing political circumstances led to an increasing outflow of English speakers from the province and a decline in the vitality of some of the communities they composed. Thus, from 1971 to 2001, the population who spoke English as their mother tongue dropped by 25% and its share of Québec's population fell from 13.1% to 8.3%. Meanwhile, the French-speaking population rose slightly (from 80.7% to 82.5%) while speakers of other languages almost doubled their share of the total population (from 6.2% in 1971 to 10.3% in 2001).[10]

However, over the 1996 to 2006 period, the English-speaking population in Quebec grew by 68,880, while its share of the provincial population was slightly higher in 2006 than it had been in 1996. The 2001-2006 period was one of growth for most English-speaking regional populations, with only the English-speaking groups in Côte-Nord and Gaspésie - Îles-de-la-Madeleine showing a decrease in size over that period. Relative to the total population, only Estrie and Laurentides experienced a drop in their share of the regional population. The regions in which the English-speaking population grew most were Montreal, Laval, Montérégie and the Outaouais.

Changes in Size of the English-speaking Population, 1996-2006[11]



Changes in Proportion of Regional Population, 1996-2006[11]



But what is an "English-speaker"? The English-speaking population of Quebec includes citizens throughout the province who choose to use the English language and who identify with the English-speaking community. For some of those people English is their mother tongue, while for others English is the first official language they speak, and their mother tongue is a language other than English or French. In areas with high levels of immigration (notably in the Montreal area), the decline of the English-speaking population has been mitigated by some of these Allophones who speak English as a second language.

The English-speaking community has always been diverse in its make-up (originally comprising English, Scottish, Welsh and Irish, Catholics, Jews and various Protestant denominations, among others), and that diversity has increased over time to encompass people from a broad range of origins around the world. Today the English-speaking community is made up of many sub-communities that are multicultural and multiracial[11]. In addition, the contexts in which they are located vary greatly. **While the majority of the population with English as their first official language lives in the Montreal area (about 80%)[12], many English-speaking communities are located in rural or remote areas of the province. In some cases, English speakers are a very small proportion of the local population, while in other municipalities they may represent a significant percentage, or even a majority.**

These changing demographic realities present a number of challenges to English-speaking communities, such as the issues related to an aging population and to outmigration among caregivers and youth. For example,

among the population who speak English as their mother tongue, 8.3% left Québec for the rest of Canada between 1991 and 1996, and that percentage rose to 8.9% between 1996 and 2001. The rates for the total population were only 1.6% and 1.7% for those periods. Younger English speakers were the most likely to leave the province: 15.8% of those between 25 and 34 years old moved away, while fewer people age 65 and over left[13]. This means that the **generations that represent the future of their communities and can take care of ageing relatives are often not around to do so. Those who stay can be overburdened with care-giving**, and the age structure of the community becomes skewed towards the older age groups. The impact on health and the need for services can be significant.

Another challenge is the socio-economic status of English speakers in Quebec. Although poverty does not affect all English-speaking Quebeckers, it is a reality for many, and the gap can be significant between French and English speakers. For instance, **in some regions, English-speaking families are more likely to have a low income compared to their French-speaking neighbours. The same is true for educational attainment: in some regions English speakers are less likely than their French-speaking peers to have completed high school or to have pursued post-secondary education**[14].

These issues are good indicators of demographic vitality, an important dimension of community health. Demographic vitality refers to community characteristics such as the rates of ageing and unemployment, the proportion of caregivers to seniors, population size, and in the Quebec context, level of bilingualism[15]. Understanding demographic vitality allows health care workers, municipalities, policy makers and community residents to plan properly for services, activities and programs which will meet the needs of the community. For example, when a community has a large proportion of seniors the burden of care is greater on the care-giving generations, and steps may need to be taken to address the needs of both seniors and their care-givers. Or **when a community is losing its population, community services and institutional structures lose vital human capital and social networks are eroded, so planning needs to focus on strengthening the social fabric.**

This project is being carried out within the context of these transformations, and we therefore aim to document and illustrate the wide diversity of English-speaking communities in Quebec. This is being done through community portraits.

Six portraits of English-speaking communities in Quebec

In order to get a more detailed understanding of current realities in English-speaking communities, this action research project adopts a participatory method by which a "portrait" is drawn of the community. Six of the CHSSN's Networking and Partnership Initiatives chose one community in their area to participate in a process aimed at developing a portrait of that community. In keeping with community development principles, this project is carried out in the spirit of community-based participatory action research. In practice this means that the work is centred on the community (village, neighbourhood, community of identity), involves community members in the process, aims to inform action (future directions for policy, programs, and projects), and involves the systematic collection of information. It is predicated on the conviction that the community is the expert on itself. Through participatory action research, participants develop knowledge, the ability to think critically, and a culture of learning. Communities are then better able to identify and develop local solutions to local problems. Researchers who work with this method find that individuals and communities can be empowered through the process[16]. Empowerment is the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. Central to this process are actions that build individual and collective assets, and

improve the efficiency and fairness of the organizational and institutional contexts which govern the use of these assets.

In choosing the communities to involve in this phase of the project we aimed for diversity. Some communities are in urban, multicultural environments, others in rural, small town communities, and others in remote communities of Québec. In some places English speakers are a very small percentage of the population; in others they represent a larger proportion. Some communities are thriving while others are more vulnerable. Consideration was also taken for local interest and capacity for being involved in doing a community portrait. In some cases a community was chosen because the Networking and Partnership Initiative (NPI) coordinator or host organization felt it was a good opportunity to reach out to that community and get to know it better. In other cases, there was a convergence of interests that made it a good time to bring together stakeholders and pool knowledge and resources, for instance, as a municipality developed a family and seniors policy, or as a health centre assessed the needs of the English-speaking community.

The six communities selected for this phase of the project are as follows.

Community	Region	Regional Association
Sutton	Montérégie-Est	Townshippers' Association
St-Leonard	Montréal-Est	Réseau de l'est de l'île pour les services en anglais (REISA)
Laval	Laval	Youth and Parents AGAPE Association Inc.
New Carlisle	Gaspésie	Committee for Anglophone Social Action (CASA)
Sept-Îles	Côte-Nord	North Shore Community Association (NSCA)
Bonne-Espérance	Basse-Côte-Nord	Coasters Association

The method for completing the community portraits is inspired by various approaches used by groups active in community development, notably in the Healthy Communities movement (Réseau québécois de Villes et Villages en santé), among municipalities and by public health boards. There are several steps to completing these portraits. The first is to engage local stakeholders in the process. The second is to gather existing data, in the form of statistics, past reports and other information on the community. The third step is to obtain qualitative data via a town hall meeting (community consultation) where various themes are discussed and community members are asked to share their perspectives on their community. In some cases, in order to ensure that all perspectives are heard and a wide range of people are contacted, focus group interviews or individual discussions may be held with other community members.

The information gathered is then analyzed and summarized by theme, focusing in each case on the community's assets, and the challenges it faces as concerns social and community life, the economy and incomes, education, the environment, and health and well-being. The information is then summarized and a portrait drawn up, after which it is validated with community members and other stakeholders. This portrait presents the result of that process. The portraits can then be used to plan actions based on local realities, as defined by community members. Since each community is different, the way of addressing issues will necessarily vary, as will outcomes.

LAVAL:
AN ISLAND, A CITY

Laval is a city situated on an island just north of Montreal. It is bordered to the northwest by the Laurentians region and to the northeast by the region of Lanaudière. It is an administrative region, a municipality, a regional county municipality (MRC), and a health region (RSS), so there is a high level of territorial and administrative coherence to Laval. It has a local development center (CLD) and a regional conference of elected officials (CRE), as well as a variety of health and social services institutions.

Laval is the third largest city in the province in terms of population. It is surrounded by the Rivières des Prairies, Mille-Îles River and the Lake of Two Mountains. Despite its large population, 29% of the territory remains agricultural land.

A Little Bit of History

In the beginning, there was an island[17]. It has been said that on October 2, 1535, when going up the St. Lawrence River, French explorer Jacques Cartier noticed the presence of an island, north of the one where the Iroquois village of Hochelaga (Montréal) was situated. Initially known as Île de Montmagny, it was subsequently named Île Jésus, after having been granted to the Jesuits in 1636. Archaeological digs carried out in the 20th century made it possible to learn that First Nations had been living on the island for about 4,000 years.

This island would later be called Laval to pay tribute to Mgr. François-Xavier Montmorency de Laval, the first bishop of New France. In 1702, the parish of Saint-François-de-Sales was founded, Laval's mother parish. Laval's other founding parishes are: Sainte-Rose de Lima, Saint-Vincent-de-Paul and Saint-Martin. The parishes were created one after the other, splintering off from the previous ones, as colonization and development was pursued. These parishes grew and then split over the following decades, to become full-fledged cities or towns. For more than two centuries, agriculture was the only economic activity on Île Jésus. At that time, Laval was called "the garden of Montréal".

The demographic growth of the island paved the way for new urban living. In 1961, three municipalities on the island merged, resulting in the creation of the City of Chomedey. Then in 1965, the Québec government decreed the incorporation of Ville de Laval, a single entity merging all the former municipalities on the island.

At the end of the 1960s, the vast migration toward the suburbs had a substantial impact on Laval, giving rise to a huge wave of prosperity.

Economic development and English speakers in Laval

One of the main areas of economic activity as of 1875 was tourism[18]. With its charm and the building of the railroad in 1876, the Sainte-Rose-de-Lima area attracted a flood of vacationers who would spend their summers idling along the banks of its shores. Other activities included steam boat cruises, canoeing, fishing and swimming.

The first wave of tourism was marked by a wealthy clientele of Anglo-Canadians and Americans. In search of a lifestyle of comfort and ease, they began to build villas and chalets along the shores of the Mille-Îles River. In 1889, Montreal merchants founded the Sainte-Rose Boating Club.

Due to the significant seasonal population (for example, in 1941, the population of Sainte-Rose was 2,500; that same summer it received 4000 tourists), leisure activities and infrastructures were developed to meet their needs. In 1940, a new bus circuit was launched making day trips to the island a favorite among Montrealers.

Demographic and linguistic trends in Laval

Laval has been one of Quebec's fastest growing cities in the last 15 years. Between 1996 and 2011, it experienced a 21.5% population increase[19].

Population of Laval

Total population			
1996	**2001**	**2006**	**2011**
330,393	343, 005	368, 709	401, 553
Population Change			
	3.8%	7.5%	8.9%

Source: Statistics Canada, Community Profiles, Laval, Québec

With a population estimated at 401 553 residents in 2011, Laval is the province's third most populated city. 66 % of its inhabitants have French as their mother tongue, 7% are English speakers and 26% are allophone[20]. Many allophones state English as being their official language of usage making English speakers a significant group in Laval.

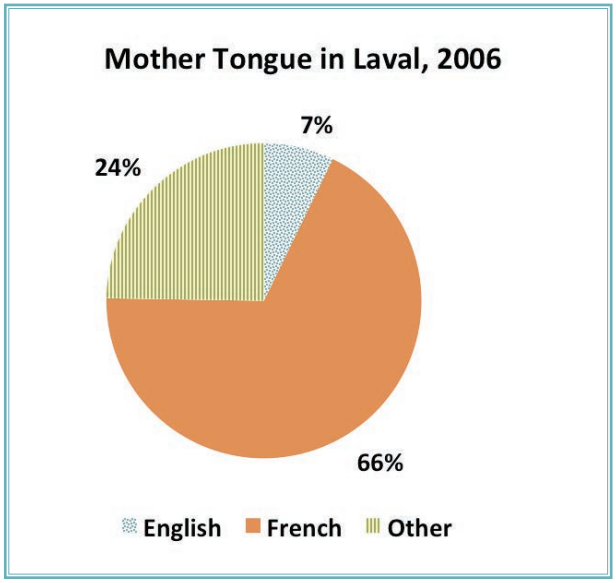
It is for this reason that Laval's English-speaking population in particular experienced the fastest growth rate in the last 10 years. Between 1996 and 2001, the English-speaking population of Laval grew by 35% and then between 2001 and 2006 by 28%[21]. In 2006, 38% of these English speakers were immigrants.

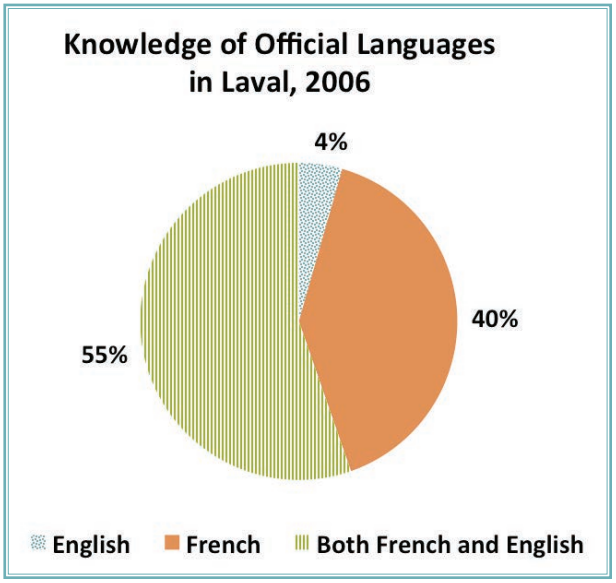
English speakers as well as English-speaking visible minorities will be discussed in this document due to their demographic significance in Laval. At times they will be addressed as one group and, at others, as two separate groups, depending on the topic being discussed.

Language dynamics

In this document, the English-speaking population of Laval will occasionally be compared to Montreal due to its geographical proximity, and to the Outaouais region, which has a similar percentage of English speakers. As mentioned above, English speakers in Laval, in particular, include visible minorities who do not have English as their mother tongue but speak English as their first official language spoken.

As can be seen below, a relatively small percentage (7%) of the population has English as their mother tongue. This number is less than in Quebec as a whole. Many have French and other languages as their mother tongue but have knowledge of both French and English (55%)[22].





Specifically, the table below demonstrates that English speakers (official language spoken as opposed to mother-tongue) in Laval make up almost 19% of the population. As a point of comparison, in the Outaouais they represent 17.4% of the population, and in Montreal, 32.7% of the population.

First official language spoken for selected regions

Population Size		Province of Quebec	Laval	Montreal	Outaouais
FOLS-English	number	994,720	68, 460	595, 920	58, 720
	percentage	13.4%	18.8%	32.7 %	17.4%
FOLS-French	number	6,373,223	290, 770	1, 182, 485	278, 285
	percentage	85.7%	79.7%	64.8%	82.3%
Total Population	number	7,435,900	364, 625	1, 823, 905	338, 185
	percentage	100%	100%	100%	100%

Source: CHSSN 2009-2010 Baseline Data Report 2009-2010 (2006 Census of Canada)

Population by ex-municipality and CLSC territory

Before 1965 Laval was made up of 14 municipalities. After that, they merged to form the city of Laval. English speakers tend to reside principally in a few of these communities. In 2001, English speakers were most numerous in the towns of Chomedey, Laval Ouest, Ste. Dorothée, and Laval-sur-le-Lac[23]. In 2006, they remained in these areas with a population increase in the area of Duvernay.

First official language spoken for selected regions

	English mother tongue		French mother-tongue		Knowledge of both official languages	
	2001	2006	2001	2006	2001	2006
Chomedey	**11%**	**11%**	50%	47%	58%	59%
Laval Ouest	**9%**	8.3%	84%	81%	50%	49%
Laval-sur-le-Lac*	**9%**	**11%**	75%	75%	79%	75%
Ste. Dorothée	**8%**	**10.5%**	73%	62%	62%	64%
Îles-Laval*	7%	**19%**	85%	74%	67%	71%
Vimont	6%	6%	74%	70%	56%	57%
Duvernay	5%	8%	70%	64%	62%	60%
Laval-des-Rapides	4%	4%	78%	74%	53%	52%
Auteuil	4%	4.6%	83%	79%	50%	50%
Fabreville	4%	6.4%	85%	78%	50%	52%
St.Vincent de Paul	3%	3.5%	86%	83%	50%	46%
St. François	3%	2.6%	87%	83%	40%	39%
Ste. Rose	3%	1%	90%	83%	53%	53%
Pont Viau	2%	4%	84%	79%	46%	47%

Source: CHSSN 2009-2010 Baseline Data Report 2009-2010 (2006 Census of Canada)
*note that the territories of Îles-Laval and Laval-sur-le-Lac have very small populations making their population increases less significant.
Source:Ville de Laval- Profil socio-economique

With respect to CLSC territories, 55% of English speakers reside in the Ruisseau-Papineau territory. They represent 26% of the population of that territory. Because these numbers are so significant, this CLSC territory will frequently be mentioned. Comparatively, 10% of English speakers reside in the CLSC Mille-Îles territory[24].

English-speaking visible minorities

There are 11,980 English speakers in the RSS de Laval region who are members of the visible minority population. The Employment and Equity Act defines visible minorities as being 'persons, other than aboriginal peoples, who are non-Caucasian in race or non-white in color'. The following groups are considered visible minorities: Chinese, South Asians, Blacks, Arabs, West Indians, Filipinos, Southeast Asians, Latin Americans, Japanese, Koreans, and other visible minorities such as Pacific Islanders[25].

The visible minority group of Laval represents 17.5% of the region's English-speaking population. Within this visible minority population, Arabs, South Asians, and Blacks represent the largest groups. Latin Americans, Southeast Asians, and Chinese also comprise substantial groups in the English-speaking population. When the various visible minority

groups within the English-speaking population are considered, we find that females form a high proportion of the Filipino group whereas males form a high proportion of the Arab and Chinese groups[26].

English-speaking visible minority populations by gender

	RSS of Laval	
%	Male	Female
Chinese	**55.4%**	44.1%
South Asian	51%	48.8%
Black	53.8%	46.4%
Filipino	31.6%	69.6%
Latin American	51.2%	48.8%
Southeast Asian	**54.5%**	45.9%
Arab	**58.5%**	41.4%
West Asian	51.7%	49%
Non-Visible Minorities	51%	49%

Source: CHSSN Baseline Data Report 2011-2012 Visible Minority Report by Health Region. Based on 2006 census data.

Between 1996 and 2006, the visible minority English-speaking population grew by 84%. Within this population is a great diversity of ethnic origins[27]. It is important to acknowledge this fact, in particular in Laval, when planning for health and social services. Although their language of usage may be the same, their culture (including customs, rituals and ways of communicating) may differ greatly.

Mobility

The pattern of movement of a population with respect to specific administrative and geographical boundaries is a factor in assessing its demographic vitality, level of social integration and state of social support networks. Newcomers from outside the province of Quebec and outside Canada may face challenges in navigating the health and social service system and challenges in establishing a social support network to help them meet their needs and break isolation.

Among visible minority groups in the English-speaking population of the RSS de Laval region, West Asian (16.1%), Arab (12.9%), and Filipino (12%) groups showed higher tendencies to be recent international arrivals[28]. Studies have confirmed that language barriers affect access and quality of care for linguistic minority communities. Obstacles to communication can reduce recourse to preventative services; increase consultation time, including the number of tests and possibility of diagnostic and treatment errors; affect the quality of services requiring effective communication such as social services; reduce the probability of treatment compliance and reduce users' satisfaction with the services received[29].

Furthermore, in 2010 a survey conducted with English-speaking populations across the province asked people who said they intended to leave their municipality within the next five years where they would go. Lavalers answered most significantly that they would go to a different region and secondly, to another province (as opposed to moving somewhere within the same region or outside of the country altogether)[30]. That same survey indicated that Quebecers in general who intended to leave their municipality would do so for economic reasons (ex. to improve their chances of finding employment).

Age structure of the population

The distribution of a population across age categories, and the extent to which majority and minority communities differ in accordance to age, is important in understanding their distinct health needs and resources. Each stage of life tends to be associated with specific health and social service needs. Different age groups tend to vary in the way they access public health information and programs[31].

Age structure of the population

	Province of Quebec		RSS of Laval	
Total Age groups	English	French	English	French
0-14 years	16.1%	16.8%	**18.9%**	17.4%
15-24 years	13.5%	12.7%	12.5%	12.8%
25-44 years	**31.5%**	**27.5%**	**35.3%**	**26.7%**
45-64 years	25.6%	29.8%	22.8%	28.9%
65 years +	13.3%	13.3%	**10.5%**	14.2%

Source: CHSSN Baseline Data Report 2008-2009, Regional Profiles of Quebec's English-speaking Communities: Selected 1996-2006 Census Findings, 203). Based on 2006 census findings.

When compared with all English speakers in Quebec, we find that the English-speaking population in Laval has proportionally fewer persons in the older age cohorts and has a much higher proportion of children under the age of 15[32]. In addition, Laval has a slightly higher birth rate than the rest of the province[33]. Also, compared to French speakers, there are more English-speaking Lavalers in the younger half of the working population (25-44)[34].

COMMUNITY PERSPECTIVES ON LAVAL

Drawing a portrait of Laval: method and sources

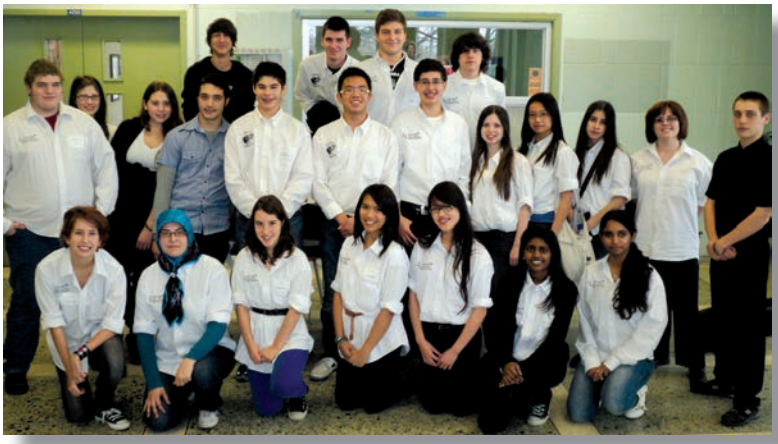
From the perspective of a community development approach, it is important to engage and mobilize the population to get involved in issues that they care about. While statistics are a good starting point, and help to shed light on certain realities that affect a community, it is important to go beyond statistics and gather the perspectives of residents. To begin this process in Laval, the project leader (Mary Richardson) made an initial visit in February 2011. The Youth and Parents AGAPE Association was the main contact organization because it sponsors one of the CHSSN's Networking and Partnership Initiatives. It is a non-profit community organization established in 1976 to serve the English-speaking and multicultural population of Laval, so it is connected to many groups in the region. The organization was interested in getting to know the English-speaking population of the entire city of Laval (as opposed to one community), particularly their perspectives on access to health and social services but also on other topics such as education, the economy and the environment. Because of AGAPE's on-going collaboration with the CSSS and a range of other partners, a community forum seemed a good way to pool resources and reach the objectives of more than one organization.

Following the initial visit, the NPI coordinator began contacting potential stakeholders, and meetings to plan the forum began. The project leader presented the idea of doing a community portrait of Laval to the NPI partners in April 2011 and then to the access committee at the Agence de santé et de Services sociaux de Laval in June 2011. Members of different organizations were then officially invited by the INSPQ to be part of the organizing (executive) committee. The committee included representatives from the Ville de Laval, CSSS Laval (access committee member and community organizers), Sir Wilfrid Laurier School Board, the executive director of AGAPE, INSPQ members involved in the project, the NPI coordinator, and later, students and professors of the Human Intervention Program at Concordia University. The first meeting took place in September 2011. Subsequent meetings were held about every six weeks.

Planning of the forum continued throughout the months and involved selecting themes to be discussed, selecting a location for the forums, identifying presenters, note takers and facilitators, advertising for the event, and more.

The forums took place on November 19th and 26th 2011 in two local high schools. Over 250 people were present at the forums to share their perspectives and ideas on eight themes. Participants generally registered in advance for the forum and selected a theme of their choice. Participants also filled out a survey on their mother tongue, age, gender, and questions related to their sense of belonging, their volunteering and community involvement, and finally, their perceptions of the community.

In the theme on access to health and social services a total of 86 people in 6 focus groups were present. In education, a total of 35 people in 4 focus groups participated. In the economy and the environment theme (which were blended as too few participants registered for these themes) a total of 11 people in 2 focus groups shared their ideas and opinions. In social and community life, 20 people in 2 focus groups were present. In the seniors theme, 40 people in 3 focus groups were present, in youth and special needs, 36 people (mostly youth) were present in 3 focus groups, and finally, in



Credit: Mary Richardson

mental health, 27 people in 3 focus groups shared their ideas.

Partner community organizations and Laval students made themselves available to help out with note-taking, facilitating, greeting, and organizing the event. The INSPQ and Concordia students analyzed the data. The event took on the dimensions of an immense community and partner mobilization campaign and had significant media coverage. The executive committee agreed the events were a great success.

In order to maintain interest in the process and the follow-up event to come, communications bulletins were sent out monthly to attendees of the forum and other partners on statistics relevant to English speakers in Laval, results from the surveys filled out by participants, and results of the data collected during the forums. In the meantime, the NPI coordinator continued to create partnerships in order to develop and expand services to the English-speaking population of Laval.

In June 2012, the main findings from the two forums were presented by the INSPQ to stakeholders in different sectors. Those involved were present to answer any questions partners had about the themes discussed.

Throughout the summer of 2012, planning for the follow-up forum continued with the committee, NPI partners table and Concordia students. Care was taken to continue working in the spirit of community development, fostering community engagement and participation, nourishing partnerships and collaboration, and ultimately empowering individuals and groups.

Participants at the forums in Laval

As mentioned above, a survey was handed to all participants at the two forums and people were encouraged to fill these out before leaving. The results provide a good overview of those who attended the forums and whose perspectives are presented below.

Who was there…at a glance

-65% of respondents were women
-the majority of men aged 65+ earned over 40,000$ per year
-the majority of women over age 35 earned over 60,000$ per year
-65% of respondents speak English as their mother tongue
-65% were born in Canada
-75% speak English at home

Demographics

On both forum days, sixty percent of participants filled out the questionnaire. Sixty-five percent of those were women. The majority of men who filled out the survey were aged 65 and over and earned over 40,000$ a year. The majority of women were over the age of 35, and a little under half of them earned 60,000$ a year. Few participants between the ages of 16 and 24 answered the questionnaire and so are a less than ideal representation of their age group. We can hypothesize that somewhat fewer young people came out to the event because they are less likely to attend these types of activities and/or because access to health and social services is not an issue for them. A recent report on access to health and social services states that young people aged 18-24 were much more likely to consider that French was acceptable for these types of services, and seeing that many of them are bilingual, they are satisfied with "getting by"[35].

Approximately sixty-five percent of participants had English as their mother tongue and a majority of the remainder had a language other than French or English as their mother tongue. Around sixty-five percent of participants were born in Canada and seventy-five percent spoke English at home; accordingly 35% were born outside Canada and 25% spoke a language other than English at home. Furthermore, over half of respondents have lived in Laval for over 20 years. Those who had moved to Laval did so for a variety of reasons (cost of living, for their spouse, for a job, etc) but the most popular response was for the quality of life Laval had to offer.

Sense of belonging

People's responses to questions on sense of belonging were very positive: over ninety percent agreed they liked living in Laval and are proud to live in Laval. Close to ninety percent agreed they have friends in Laval. The questions on their children's positive integration in Laval and whether they see themselves living in Laval in ten years time prompted less 'agree' responses but the majority agreed nonetheless (72% and 70%).

Volunteering and community involvement

Almost half of survey respondents (men and women equally) had volunteered in the last six months. Of those who did, thirty-two percent had given over 16 hours of their time. The most popular areas where people gave their time were in the areas of community and health and social services (39%), education (27%), and religious activity (27%). Furthermore, seventy-nine percent of respondents agreed they participate in some activity in the community. Seventy-two percent (the majority being women) totally agree that it is important for residents to get involved. The majority of respondents also agree that getting involved is an opportunity to socialize and make friends.

Perceptions of the community

This section of the questionnaire prompted the most questions answered. We found that eighty-seven percent agreed Laval is a dynamic community and that it has experienced positive development in the last 5 years. Nearly ninety percent of respondents agreed that Laval is a good place to raise a family. Less agreed that there is a good range of social and cultural activities in Laval (65%) and that newcomers feel welcome in Laval (69%). The majority of respondents however did not agree that health and social services had improved in the last 5 years.

Data analysis

In the sections below, we will discuss Lavalers' perspectives on eight themes, as they were discussed at the forums. Following a rigorous analysis of a large amount of information, the data was divided into the following themes: health and social services, social and community life, education, economy, employment and income, and the environment.

These topics are then divided into different issues. For each issue we explore the strengths, challenges and impacts on the population. It is within these impacts that we see each social group (youth, seniors, special needs, etc) represented. The solutions that were proposed by participants are presented at the end of the theme. Finally, a summary of each section is presented. Integrated within the community's perspectives are relevant statistics, set aside from the rest of the text. In all themes other than health and social services, a section on relevant statistics is added. It was not necessary to do so in the health and social service theme as enough information and statistics were integrated throughout. Quotes from participants appear occasionally as examples of what was said. These comments are highlighted in italics.

This overview can be used to inform decision-making and to stimulate community engagement. The box at the beginning of each section provides an overview of the importance of this aspect for community and personal health, based on scientific evidence.

Health and Social Services:
English speakers need receive services in English

In this section we present the perspectives expressed by community members at the forums held in November 2011 concerning access to health and social services in Laval for English speakers including relevant statistics. This theme was the focus of the forums and had the most participants registered.

Social Determinant of Health

Many different aspects of a community affect health and well-being in a myriad of sometimes complex ways. Social and physical environments—including social support networks, community organizations, educational opportunities, employment, incomes and social status, the natural environment, urban planning, transportation systems and the state of buildings, for example—are what most affect the health of both individuals and communities.

Health and social services also have a role to play in maintaining good health, preventing illness and treating people for health and social problems. In fact, the health care system itself is seen as a health determinant as well as a basic human right. Being able to access such services in an effective, efficient and reassuring way is therefore important. In Canada, we have a universal health care system that requires provinces to provide all "medically necessary" services on a universal basis. Yet access to care remains better for those in higher income brackets, and drug prescriptions are less likely to be filled by low-income earners. Many low- and moderate-income Canadians have limited or no access to non-insured health services such as eye care, dentistry, mental health counselling and prescription drugs.

People's health and well-being are affected by the interconnections between all the health determinants. A good example of this is the issue of food insecurity. Food is one of the basic human needs and it is an important determinant of health and human dignity. Food insecurity more often affects households with lower incomes, lower educational levels, and other forms of deprivation. People who experience food insecurity are unable to have an adequate diet in terms of its quality or quantity. They consume fewer servings of fruits and vegetables, milk products, and vitamins than those in food-secure households. Dietary deficiencies – more common among food insecure households – are associated with increased likelihood of chronic disease and difficulties in managing these diseases. Food insufficient households were 80% more likely to report having diabetes, 60% more likely to report high blood pressure, and 70% more likely to report food allergies than households with sufficient food. Finally, increasing numbers of studies indicate that children in food insecure households are more likely to experience a whole range of behavioural, emotional, and academic problems than children living in food secure households. Additionally, food insecurity produces stress and feelings of uncertainty that can have a negative impact on health[36].

Community Perspectives on: Health and Social Services	ISSUE: English speakers need to receive services in English			
Strengths	• The effort that certain employees put into speaking English › Participants feel that most people want to help › Some participants mentioned that services are improving slowly as a result of the efforts of some employees and organizations. › Even if their English isn't perfect, the effort is appreciated and diminishes the feeling of being an outsider and of being ashamed of not speaking French. • Some services are bilingual : 811 (Info-Santé), CLSC, some community organizations such as AmiQuebec • Schools are perceived as an asset and a very important service provider (speech therapists, spiritual animators, psychologists, etc). • Seniors: Laval has an array of dynamic and innovative services for seniors (Place de Aînés, Cité de la Santé, CSSS, CLC, Hadassa, etc.); but they are not always available in English. • Youth and Special Needs: Laval has an array of quality services ('wonderful', 'excellent', 'very supportive') but not always in English. • Mental Health: The CSSS's mental health trajectory is recognized for its quality.			
Challenges	The lack of services in English	Health professionals are not sensitized to the importance of receiving services in English, especially in certain circumstances	Lack of access to bilingual information	Retention of bilingual professionals
Impacts	*Refer to table on the next page for detail about each impact listed below.* Some have no choice but to use services in French Children and natural caregivers feel obligated to translate Waiting lists for health and social services are long Many people travel to Montreal for services. Many turn to private services	• Feelings of shame, embarrassment or guilt at not being able to speak French : "I feel embarrassed" • Feelings of frustration and feeling judged. • Feeling of not being understood: one employee asked a special needs child, *" tu ne parles pas français ! pourquoi? "* • Feeling afraid to receive services from someone who does not speak your language, for example, a senior receiving a bath. • Frequent misunderstandings due to language barriers which can have long term impacts on care. More vulnerable groups such as seniors can be mislabelled as being 'non-communicative' and assumed to have cognitive deficits when this may not, in fact, be the case.	Impacts on seniors • They most frequently mentioned a lack of information on prevention and health promotion (fall prevention, cognitive stimulation, etc) • Many stated that their medical prescription information was only in French therefore causing risks in drug intake. • Businesses that sell or rent medical equipment such as wheelchairs do not speak English which leaves room for misinformation. • They don't always have access to Laval News because of limited distribution. Seniors therefore do not feel like they know what is going on in the community which increases their sense of isolation and contributes to reduced health. Impacts on youth • They too stated that they have limited access to prevention and health promotion information (vaccination, contraception). Impacts on people with mental health issues • Mental health information is usually only in French. • Clients know little of what is offered in CLSCs.	• Bilingual professionals have a heavy work load and may experience burnout. • For example, at the school board, job postings related to health remain vacant for this and other reasons such as a basic lack of bilingual professionals. • Another reason mentioned is related to « red tape » attached to their professional orders. They must pass French exams that are renowned for their level of difficulty. One participant shared how a doctor who had excellent spoken French failed the test because she was too busy to study. For professionals who have heavy workloads, it is difficult to find the time to study for these supplementary exams. The doctor moved to a different province.

Community Perspectives on: Health and Social Services

Issue: English speakers need to receive services in English

Impacts related to challenge 1: The lack of services in English

Some have no choice but to use services in French

Seniors

- Those who suffer from dementia often lose their capacity to express themselves in French, even if they spoke it before. This leads them to become even more vulnerable than they already were and dependant on services
- There are few senior's residences that offer services in English. This greatly reduces their quality of life as they may have difficulty communicating (understanding and being understood) and because the cultural atmosphere of the home may not be adapted to their needs (food, décor, music, activities). This holds true for all ethnic groups.

Youth

- Health professionals in the schools are not bilingual. Youth and parents therefore do not feel comfortable approaching professionals with questions or issues concerning their health.

Youth with Special Needs

- This group has the added challenge of learning another language where language is what they struggle with most. This increases their level of vulnerability and causes unnecessary developmental and social delays.
- Certain participants think there are no English after-school care services for youth with special needs.
- After age 21, services are no longer available (for French or English special needs youth) ex. integration into the workforce.
- For parents, difficulty accessing services is a great source of stress, anxiety and frustration. Some therefore end up using French services, even if it is not ideal for them or their children.

Caregivers

- Having to try to understand information in French is time consuming for them and takes time away from actually caring for a loved one.
- Few respite services are available in English.

Waiting lists for health and social services are long

- Impacts on seniors
  - One participant recounted how his father waited so long to have someone help him take a bath that he bathed on his own, had an accident and injured himself.
- Impacts on youth with special needs (physical or intellectual)
  - A first diagnosis can take 1-2 years with the evaluation still having been conducted in French. Waiting so long for diagnoses can cause further delays in development and language for special needs children. People therefore frequently turn to private services causing significant financial burdens.

Many people travel to Montreal for services

- The chicken or the egg?
  - The fact that so many travel to Montreal for services can contribute to the perception that there is no demand or need for English services in Laval.
  - Health care professionals may automatically send English-speaking clients to Montreal for their health and social services thereby further contributing to the perception of a lack of need for services in English.
  - However, some people insist that it is important to maintain agreements between health boards, allowing Lavalers to use health and social services in Montreal.
- Travelling to Montreal has many consequences on individuals: cost, work absenteeism, stress and more.
- For those who are vulnerable and dependant, or for people with reduced mobility, travelling to Montreal is a challenge and sometimes impossible, which makes them even more vulnerable.
- Impacts on seniors
  - Many seniors no longer drive and public transit is not adapted to their diminished mobility issues; for example, the handicapped button is too far to push for people in wheelchairs, not all buses have the adapted lowered platform, metro stations have stairs to access the train. They must further depend on others to take them around.
- In emergency situations, clients should be taken to the Laval hospital but because of language are frequently taken to Montreal.
- People with mental health issues are referred to Montreal hospitals causing additional delays for service. The Jewish General Hospital, for example, stated that 27% of its English-speaking clientele comes from Laval[41].

Many turn to private services

- In particular : children who are suspected of having special needs or people with mental health issues as they are difficult to diagnose and treat in one's second language.
- This option raises questions regarding access equity as those with little means cannot afford private services. Those who do use it feel they are paying for the same service twice (public service which they do not feel they have access to and private service).

Children and natural caregivers feel obligated to translate

- This places an extra burden on them and also raises ethical issues (ex : confidentiality, impact on children, professional responsibility, etc).
- In the case of people with mental health problems, these issues are even more present.
- Even for people who are bilingual, having to communicate on such complex and emotional issues can be very difficult.

I'm sorry we don't speak English here

We were not served so we walked away. (...) I went to the Montréal General Hospital

It is so much harder to get services that it's easier to travel to the West Island to get services and not have to deal with the language issue

when you're sick and in pain, you don't want to fight

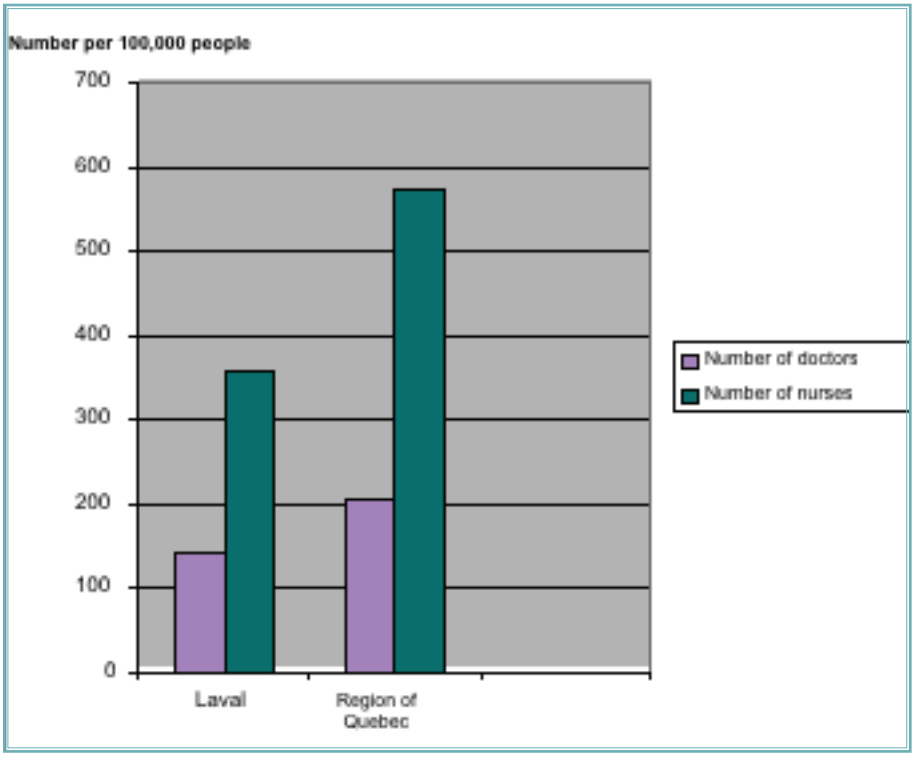
There's a massive brain drain here.

The impacts are particularly on those who are vulnerable; such as seniors, youth and people with special needs, and also include people with low income (including low income caregivers) as well as those who consider themselves to be in a poor state of health. A 2011 report on the vitality of the English-speaking population of Quebec (CHSSN) found that those in the lower household income category (earning less than $30,000 per year) are more likely to draw on public health and social service institutions or to have nobody to turn to when health deteriorates as compared to higher-earning English speakers. Interestingly, those at the upper end of the household income spectrum (earning $100,000 per year) are more likely to turn to friends or community resources in times of need. This coincides with the knowledge that people with lower incomes are more socially isolated and therefore more at risk of experiencing social inequalities. Moreover, those with poor or average self-assessed health compared to others their own age are much more likely to use public health and social services (rather than rely on loved ones) than are English speakers who perceive their health as being good[37]. One can therefore make the claim that those most vulnerable populations (those with precarious health or chronic diseases, people with lower incomes, and people who are socially isolated) are those who most frequently use public health and social services and therefore suffer most from difficulties accessing such services, making them more vulnerable.

In fact, according to the 2011 CHSSN Baseline data report, English-speaking seniors in general in Quebec are much more likely to turn to public health and social services and community resources than are the other age groups[38]. This is not surprising as seniors tend to be more isolated and may have more health care needs. According to the 2010 Vitality survey conducted among the province of Quebec's English speakers, Lavalers were those that most often reported being dependent on a relative to provide care in the case of illness. This may be due to the fact that English speakers in Laval have family members within a one-hour radius more than English speakers in other regions[39]. Although there are advantages to being taken care of by a loved-one, the pressures remain great for those natural caregivers who have few services to support them.

http://www.ville.laval.qc.ca/wlav2/docs/folders/portail/fr/vie_communautaire/evenements/concours_photo/2011/image/2e_prix_grand.jpg

Another interesting fact is that for English speakers in Quebec, in general, those with lower household incomes (less than $30,000 household income per year) were more likely than other English speakers to provide unpaid care to a person living outside their household. Those earning $70-100,000 were least likely to do so. In addition, English speakers with good self-assessed health were more likely than other English speakers to provide unpaid care to a person living outside their household. Those with excellent or very good self-assessed health were less likely to do so[40]. This data is consistent with the determinants of health, in that people who are in excellent health have more financial means, and can therefore pay others to take care of their loved ones rather than risk such conditions as anxiety and depression related to exhaustion.



Other than lacking access to bilingual health care workers, Laval, in general, lacks doctors and nurses, and considerably more so than the rest of the province. These kinds of basic health care issues can have numerous impacts on the health of a community. Interestingly, Lavalers remain one of the populations that visit doctors the most annually[42]. The table demonstrates the general lack of health care professionals and related personnel. Clearly, English speakers are at a disadvantage compared to French and English speakers living in Montreal as well as to French speakers living in Laval[43].

Occupations in Health and Social Services 2006 - Laval and Montreal

	Total Health occupations		Professional occupations in health		Nurse supervisors and registered nurses		Technical and related occupations in health		Assisting occupation in support of health services	
Ratio per 1000 people	Laval	Mtl	Laval	Mtl	Laval	Mtl	Laval	Mtl	Laval	Mtl
English speaking	19.2	**26.1**	3.9	**8.6**	4.3	**5.7**	5.1	4.7	6.0	**7.1**
French speaking	**34.6**	33.8	**6.2**	8.5	**9.7**	7.7	**8.0**	7.0	**10.8**	10.6
Total population	31.3	30.5	5.6	8.4	8.5	6.8	7.3	6.1	9.7	9.2

Source: CHSSN Baseline Data Report 2008-2009- Regional Profiles of Quebec English Speaking community. Selected 1996-2006 census findings.

Research has identified some negative effects of language barriers not only on physician and hospital care, but also on long-term care, speech and occupational therapy, counselling and rehabilitation, community health nursing, pharmacy services, emergency and ambulance services, participation in CPR classes, access to out-of-hours services, abuse prevention and intervention services, home care, and health promotion and prevention (e. g. childbirth preparation, cancer awareness and prevention, HIV/ AIDS education and counselling), and support for caregivers of the elderly and disabled[44].

Most Important Issues Facing the English-speaking community (by selected region or city)

Issue	Montreal West	Montreal Center	Montreal East	Laval	Outaouais
Number of respondents	382	372	277	270	222
Equal Rights for Anglophones	25	19	19	20	17
Education/Schools	20	20	16	14	11
Access to services in English	17	12	12	22	22
Health Care	7	11	10	8	24
Employment/jobs	15	10	9	5	8
To be bilingual	6	10	11	4	11

Question: What is, in your opinion, the most important issue for the Anglophone community? Multiple answers (Total of 3,195 answered throughout all Quebec Regions)
Source-CHSSN CROP Survey, 2010, p. 99.

In the 2010 vitality study of English speakers in Quebec, Lavalers revealed that the most important issue facing them was access to health and social services[45]. It is clear that English speakers in Montreal, for example, who have better access to health and social services in English have other issues they feel are more important to their community.

According to a report conducted by CHSSN, among those served in English in a hospital emergency room or out-patient clinic, English speakers in Lanaudière, Bas Saint-Laurent, Estrie, Capitale-Nationale and Laval were more likely to have been required to ask for the service in English than English speakers in other regions[46]. Indeed, 61% of respondents to the vitality survey for the English-speaking population of Quebec rated satisfaction with health and social services in English as being 1, 2, or 3 out of 5[47].

Actually, in the province overall, 20 % of English-speaking respondents in a survey replied that they were not comfortable asking for services at a public health and social services institution. The most frequent reasons given by Lavalers was a fear that a delay might occur if services were requested in English, the fear that a such request imposes a burden on the health care professional, and that they are too shy to ask for services in English. When compared to people questioned in Montreal and the Outaouais region, answers were similar but also included the fear that the answer to the request for English services would be no[48].

Reasons for lack of comfort requesting services in English at a public health and social service institutions

	Shy to ask	Fear answer will be no	Request imposes burden	Delay may occur	Staff is franco-phone	Staff attitude (racism)	Better served in French	I am bilingual	Expected to be served in French
Laval	24.9%	20%	32.7%	33.2%	3.6%	11.2%	6.4%	6.1%	1.8%
Mtl West	18.5%	26	54.4%	32.4%	6.5%	5.1%	3.1%	5.5%	1.0%
Mtl Center	25.4%	23.7%	45.1%	30%	3.1%	4.4%	8.3%	1.3%	6.7%
Mtl East	20.9%	31.2%	40%	39.1%	11.9%	8.6%	5.5%	4.6%	3.2%
Outaouais	10.8%	19.2%	22.2%	40.8%	3.8%	3.1%	4.8%	9.3%	3.1%

Source: CHSSN Baseline Data Report 2010-2011, English Language Health and Social Service Access in Quebec, p. 66.

Furthermore, that same report on Access to health and social services for English-speakers in the province of Quebec stated that nearly one-half (49.5%) of those served in French in a hospital emergency room or out-patient clinic expressed the view that it would have been "very important" to have received the service in English. Among those who were not served in English in a hospital emergency room or out-patient clinic, those living in Montréal (centre), Laval and Gaspésie – Îles-de-la- Madeleine were most likely to agree with the statement that it would have been 'very important' to receive the service in English[49].

Younger adults (aged 18-44) were the least likely demographic group to have heard about public health and social services in English[50]. In terms of age groups, young people aged 18-24 are much more likely to turn to friends and much less likely to turn to public health and social service institutions than are the other age groups[51]. Access to information for this group is therefore very important.

Information Received About Services in English by selected city or region - 2006

	Montreal West	Montreal Center	Montreal East	Laval	Outaouais
Number of respondents	382	372	277	270	222
Yes	**51**	**48**	20	21	35
No	38	41	**73**	**75**	**59**
Don't Know	11	11	7	5	7

English speakers in Laval are actually some of the least likely in the province to receive information on health and social services in English[52].

Question- In the last two years, have you received information about services in English that are provided by the health and social services institutions in your region?
3,195 anglophones answered throughout all regions of Quebec
Source: CHSSN Crop Survey p. 84

Information Received About Services in English by selected city or region- 2006

	Montreal West	Montreal Center	Montreal East	Laval	Outaouais
Public Health and Social Services Institutions or public health authorities					
Yes	44	43	20	22	30
No	45	48	**71**	**72**	**65**
Don't Know	10	10	9	6	5
Community Organisations					
Yes	34	30	18	18	32
No	**58**	**62**	**76**	**76**	**64**
Don't Know	8	9	6	4	4
School					
Yes	39	32	24	29	32
No	**58**	**63**	**73**	**68**	**64**
Don't Know	3	5	3	3	4

Question-In the last two years have you received information on public health promotion or prevention programs in English from one or more of the following?
Source: CHSSN CROP Survey, 2010, p. 85

Community Perspectives on: Health and Social Services	Issue: English speakers need to receive services in English
Solutions Proposed by Forum Participants	
Challenge: The lack of services in English	Challenge: Lack of access to bilingual information
Suggestions for the health and social services sector • Facilitate access to English classes for people working in health and social services. • Provide visual identification of bilingual personnel in organizations and establishments (for example, at the CSSS in Gaspé, bilingual personnel have a coloured dot on their identification cards indicating they speak English) • More bilingual signage in organizations and establishments. • Build a list of employees and the language they speak for access to emergency translations (as done at the Douglas Hospital). • Use more professional translators.	« A centralized spot to access information and services in English » • A booklet on English services, in paper and electronic form • A telephone service similar to 811 (in other regions there exists 211 which refers people to health, social services and community organisations and in the language of their choice). • A web site on available services (English and French) • Publicity or articles on services available. • Translated documents and pamphlets related to health. • A guide on special needs children (developmental stages, diagnosis) and services available for them from birth to adulthood. • Agape could create a pamphlet on their services. • Information could be shared between groups and be made more available in community centers. • More usage of Community Learning Centres. For example, videoconferencing in schools could be used for prevention and health promotion.
Partnerships	Challenge: Retention of bilingual professionals
• More public-private partnerships to increase services « everything we need is here already » « not reinventing the wheel » • More partnerships with the French public and private sector in order to share space, resources, expertise, etc.	• Create incentives for bilingual professionals to stay in the city and encourage front line professionals to be bilingual.
Citizen implication • Request services in English so that institutions have accurate knowledge on the needs of English speakers « Numbers speak » • Sit on boards and user committees. • Make National Assembly representatives aware of their needs.	Challenge: Health professionals are not sensitized to the importance of receiving services in English, especially in certain circumstances
General suggestions • Youth: more bilingual professionals in schools such as special educators, psychologists, guidance counsellors, occupational therapists, speech therapists, etc. • Special Needs : Attract more men into the domain of special needs, as boys are more likely to be diagnosed with special needs than girls. • More respite services.	• Raise awareness and train health care personnel (nurses, receptionists, doctors) regarding the importance of receiving services in English. This can be done by integrating this element into post-secondary training and in professional training and orientation. • Ask clients what language they prefer to use.

[A possible solution is] ... a centralized spot to access information and services in English

Summary
Health and Social Services

The issue of access to health and social services in English is clearly a complex one in Laval. Although residents see some strengths associated with it, there remain several challenges.

There were four challenges identified:

1. Lack of English services. In general, more vulnerable groups (those with precarious health or chronic illnesses, people with lower incomes, and people who are socially isolated) are those who most frequently use public health and social services. As a result, they are the people most likely to suffer from the impacts of reduced access, making them even more vulnerable.

   Furthermore, language barriers have been demonstrated to have adverse effects on health care, quality of care, rights of patients, patient and provider satisfaction, and most importantly, patient health outcomes. In spite of universal health coverage, patients who lack proficiency in English or French may not have access to the same quality of care as other Canadians. There is also evidence that language barriers contribute to inefficiencies in the health care system.

   Solutions proposed for the health and social services sector include facilitating access to English classes for professionals, providing visual identification of bilingual health care workers in institutions and organizations, and putting up more bilingual signage in institutions and organizations.

   Other solutions proposed include more citizen implication by requesting services in English and sitting on boards and committees for instance. Lastly, more partnerships are suggested between the public/private sector and between the French/English sector.

2. Health professionals are not sensitized to the importance of receiving services in English. People need to be able to understand information when communicating with health professionals. It has been found that Lavalers are afraid to ask for services in English and try to get by in French because they fear that asking for services in English might cause a delay, because they fear that the request imposes a burden on the health care professional or because they are too shy.

   Solutions to this challenge include training health care professionals regarding the importance of receiving services in English.

3. Lack of access to information. This seems to be most problematic in accessing prevention and health promotion information for seniors and youth.

   Suggestions include a telephone line (similar to 811) or a booklet (paper or electronic) on services available in English, publicity (posters, newspaper ads) on services available, more translated health documents, and finally a specific A-Z document on special needs.

4. Retention of health care professionals. The need for access and the lack of bilingual professionals proves to be a vicious circle whereby bilingual workers are overwhelmed with caseloads and leave Laval for better working conditions.

Social and Community Life

A central issue for the vitality of the English-speaking community

In this section we present the perspectives expressed by community members at the forums held in November 2011 concerning social and community life in Laval accompanied by some relevant statistics.

Social Determinant of Health

Support from families, friends and communities is associated with better health. Support networks are important in helping people solve problems and deal with adversity. They contribute to an individual's sense of control over life circumstances. Support networks support a feeling of well-being and act as a buffer against health problems. In the 1996-97 National Population Health Survey (NPHS), more than four out of five Canadians reported that they had someone to confide in, someone they could count on in a crisis, someone they could count on for advice and someone who makes them feel loved and cared for. Some experts in the field have concluded that the health effect of social relationships may be as important as established risk factors such as smoking, physical activity, obesity and high blood pressure.

The importance of the social environment can also be seen in the level of social cohesion in the broader community. Social cohesion refers to the willingness of members of a community to cooperate for the well-being of all, and it is known to exert a positive influence on personal health. The strength of social networks within a community are often referred to as civic vitality, and it is reflected in the institutions, organizations and informal giving practices that people create to share resources and build attachments with others. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health. Social or community responses can add resources to an individual's repertoire of strategies to cope with changes and foster health[54].

Community vitality can be seen as a process of development involving actions that occur over time and contribute to the strength of the community. In terms of community development, factors such as governance, organizational capacity, leadership, strategic vision, the commitment of community members and the mobilization of resources are all part of what makes up community vitality[55].

In 2007, the city produced a family policy whose objectives were, in brief, to build partnerships in order to improve family well-being, to maintain and develop the quality of the social fabric, to stimulate a sense of citizenship, and to support families who have specific needs[56]. Furthermore, the policy aimed at working with a variety of groups in order to reach families from a variety of angles including recreation and culture, community development, daycare services, relations with residents, etc[57].

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In 2003, Lavalers were rated a more sedentary people than the rest of the province[58]. In addition, Lavalers reported issues related to anxiety[59] which can also be linked to lack of social networks and sedentary lifestyles. The section on the environment explores in greater depth the links between access to recreational and leisure activities and health issues such as obesity.

Community Perspectives on Social and Community Life Issue: The Vitality of the English-speaking community	
Strengths	• Activities do exist for youth such as soccer and hockey and are particularly bilingual in Chomedey. • English summer camps exist.
Challenges	Lack of activites and spaces to socialize
Impacts	• According to participants, there are few English books in the libraries and no book clubs. • Youth have no spaces to meet, which puts them at risk of developing social problems and unhealthy lifestyles. • Some employees in local businesses refuse to speak English; even if just a 'hello' ; English speakers feel excluded in their own city and feel ashamed when they speak English. • English-speaking youth leave Laval.
Solutions	• Have more English books and literacy development activities for children in libraries in order to promote reading. • Reduce registration costs for sports activities in order to make them accessible to all (for example, gym fees). • Increase the number of bilingual staff in community centers (such as YMCA or youth groups). • Have more activities available for youth, for example by creating partnerships with existing French organizations to share space, activities and programs. • Promote sports and recreation activities for the English-speaking population.

Cultural community of belonging

	Montreal West	Montreal Center	Montreal East	Laval	Outaouais
Number of respondents	**159**	**188**	**159**	**185**	**78**
Italian	11	10	**43**	**22**	0
Anglophone	**14**	8	4	6	**15**
Jewish	8	**13**	2	5	0
Other Eastern Europe groups	8	10	3	7	9
South Asian	13	7	5	1	2
Greek	1	1	3	**30**	0
Canadian	4	3	4	3	10
Native	0	2	1	0	4
Caribbean	3	5	2	3	6
Quebecois	6	4	1	0	6
other	**28**	**31**	**29**	16	**37**
Don't know/refusal	4	8	3	4	11

Question- Of what cultural community do you consider yourself to be part?
1389 answers from Anglophone throughout all regions of Quebec
Source: CHSSN CROP Survey, 2010, p. 22

According to the 2010 Vitality Survey for the English-speaking community, Lavalers were among the highest to state feeling part of a cultural community, with Greek and Italian the most frequently chosen cultural groups[60].

Laval has a myriad of potential sports and recreational activities: the city boasts 303 outdoor sports grounds, 78 outdoor skating rinks, 40 waterfront areas, 23 outdoor pools, 12 outdoor synthetic fields, 11 arenas, 11 skateboarding parks, 9 indoor pools and 4 sports centers[61]. Forum participants, however, feel they do not have access to them because they are not in English and because they do not know when and where these activities take place. The 2010 Vitality survey for the English-speaking population revealed that 51% of Lavalers rated availability to sports and leisure activities in English as being a 1, 2, or 3 out of 5[62].

Knowledge of activities at local community organiations

	Montreal West	Montreal Center	Montreal East	Laval	Outaouais
Number of respondents	**382**	**372**	**277**	**270**	**222**
Health and Social Services					
Yes	18	15	8	8	24
No	**79**	**80**	**90**	**90**	71
Don't Know	3	5	2	2	5
Arts and Culture					
Yes	35	31	18	13	31
No	**61**	**67**	**79**	**85**	**66**
Don't Know	4	2	3	2	2

Question: Do you know about the activities of a community organization in your region promoting the interest of the English-speaking community in areas such as…
3,195 anglophone respondents from all regions of Quebec
Source: CHSSN CROP Survey, 2010, p. 143

Lavalers do not feel they are aware of health and social services or arts and cultural activities for the English-speaking community, in fact, they are the least likely to be aware of the areas Laval was compared to.

Some statistics on social and community life

Other indicators exist that have an influence on the vitality of a community. Certain types of household living arrangements, for example, are closely linked to a poor health status. The Quebec Social and Health Survey (1998) revealed that parents of minors living in lone parent households were more likely to report food insecurity, high levels of psychological distress and multiple health problems when compared to parents in other household living arrangements[64].

Population by Household Living Arrangement

	Province of Quebec		RSS of Laval	
	English	French	English	French
Persons married or in common-law couples	70.7%	69.7%	**82.3%**	72%
Persons in lone-parent families	11.8%	11.7%	**9.5%**	12.4%
Persons living with relatives	2.1%	1.7%	1.5%	1.7%
Persons living with non-relatives	3.1%	3.0%	1.2%	2.3%
Persons living alone	12%	13.4%	**5.4%**	11.2%

Source: CHSSN 2010. Socio-Economic Profiles of Quebec's English-Speaking Communities.

When compared to Francophones, English speakers in the region are less likely to live in lone-parent households, with non-relatives only, or alone[64]. When English speakers are compared by CLSC territory, there is no significant difference between areas despite significant differences in levels of material deprivation. This suggests the tight social fabric of English speakers is cultural rather than impacted by other health determinants as is the case in the French-speaking population.

Comparisons between household living arrangement for English speakers by CLSC territory

CLSC	R-P	Marigot	Mille-Îles	Ste-Rose
Couples	84%	85%	89%	85%
Single-parent	8%	8%	6%	8%
Living alone	5%	5%	3%	5%

Source- Rapport Rabaska, 2006, p. 18

Population living below the low income cut-off level (LICO) by household living arrangement

	Province of Quebec		RSS of Laval	
	English	French	English	French
Total household living arrangements	22%	16%	17%	15.6%
Total persons married or common-law couple families	15.2%	8.3%	13.4%	9.7%
Persons in lone-parent families	31.7%	27.5%	29.9%	24.3%
Persons living with relatives	24.6%	18.2%	16.5%	15.6%
Persons living with non-relatives only	64.4%	51.7%	55.8%	48.8%
Persons living alone	41.4%	38%	41.6%	36.7%

Source: CHSSN 2010. Socio-Economic Profiles of Quebec's English-Speaking Communities.

In Laval, visible minority English-speakers are more often in lone-parent families compared to non-visible minorities. The visible minorities most likely to live in lone-parent families are in the Black, Latin American, and Southeast Asian groups[65].

This being said, the tendency for English-speaking visible minorities to live alone is much lower than for English-speaking non-visible minorities. Among those who are most likely to live alone are Black and Southeast Asian[66]. This suggests that these two visible minority groups are more vulnerable than other visible minority groups.

SUMMARY
Social and Community Life

The main issue related to social and community life is the vitality of the English-speaking community. Although participants recognized that there are some bilingual activities available, the main challenge is a lack of activities and spaces to socialize. For youth in particular, this may increase the likelihood of developing social problems (drugs, gangs), as well as unhealthy lifestyles (lack of exercise and healthy outlets for energy). The population of Laval in general reports more mental health issues related to anxiety, is more sedentary and has higher levels of obesity than the rest of the province. Although we do not have data on the differences by language group, this fact may be related to the challenge presented above.

Among the solutions proposed at the forum are reducing the cost of sports and recreational activities in order to make them more accessible, and creating more bilingual activities through partnerships with existing French organizations.

Education

Schools play an important role in community vitality

In this section we present the perspectives expressed by community members at the forums held in November 2011 concerning education in Laval accompanied by some relevant statistics. As mentioned earlier, the following themes were less popular than the one on access to health and social services which explains why the sections are shorter.

Social Determinant of Health

Health status improves with level of education. Education is closely tied to income and social status and provides knowledge and skills for problem solving. It helps provide a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and job satisfaction. Education improves people's ability to access and understand information to help keep them healthy.

People with higher levels of education have better access to healthy physical environments and are better able to prepare their children for school than people with low levels of education. They also tend to smoke less, to be more physically active and to have access to healthier foods. In the 1996-97 National Population Health Survey (NPHS), only 19% of respondents with less than a high school education rated their health as "excellent" compared with 30% of university graduates. Canadians with low literacy skills are more likely to be unemployed and poor, to suffer poorer health and to die earlier than Canadians with high levels of literacy. In general, people with a higher level of education have more social relations, adopt a healthier lifestyle and have the feeling of being able to influence and control their lives[67].

http://www.ville.laval.qc.ca/wlav2/docs/folders/portail/fr/vie_communautaire/evenements/concours_photo/2011/

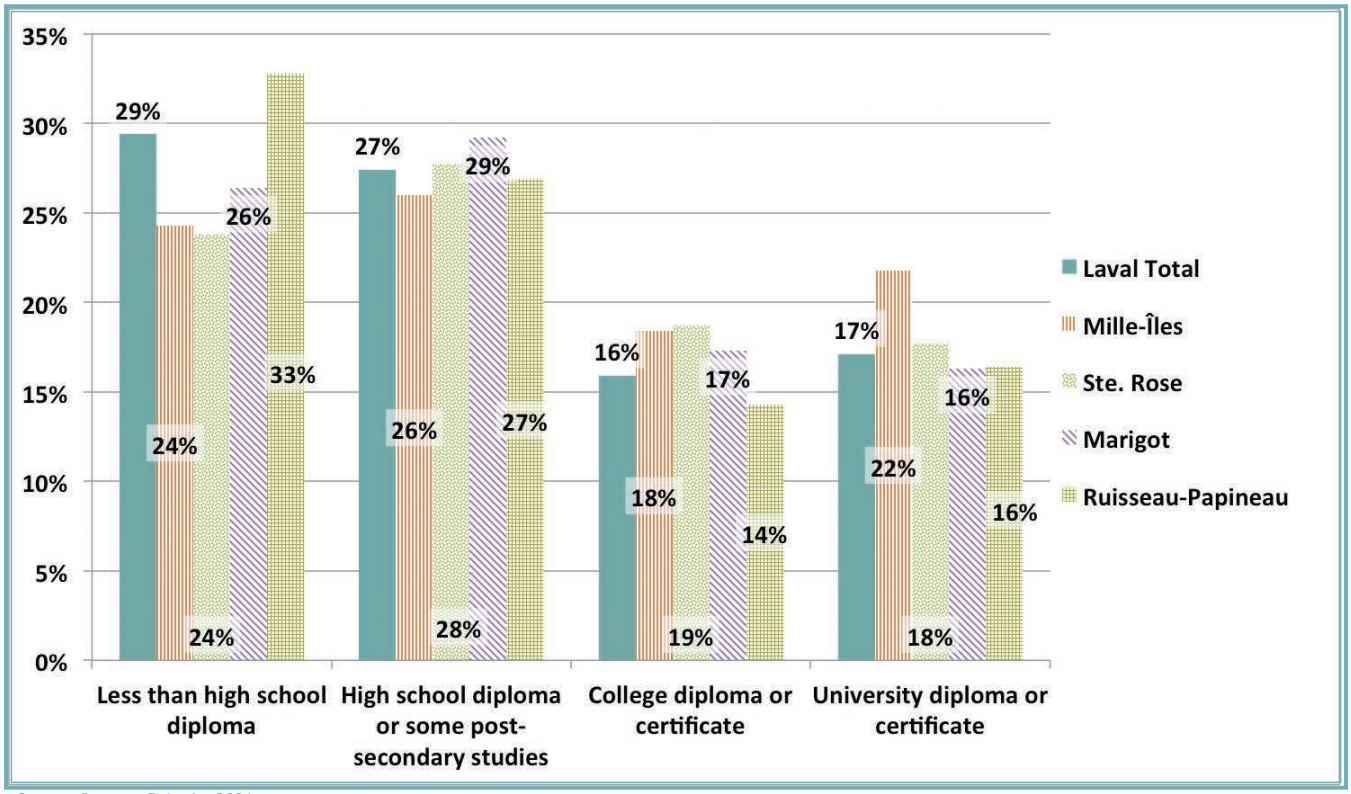
<table>
<tr><th colspan="4">Issue: Schools play an important role in community vitality</th></tr>
<tr><td>Strengths</td><td colspan="3">• Laval has one school board that comprises 11 elementary schools and 4 high schools.
• The quality of education is considered high and people are proud of this.
• The size of the schools allows for close-knit relationships to be formed between teachers and students allowing for proper follow-up of students.
• The public schools are considered to be of equal quality to the private schools.
• Parents are very engaged in the academic success of their children.
• Good collaboration between parents, teachers and school administrators.
• All of the above elements contribute to a healthy sense of community.
• Schools have good programs and activities.
• There are good adult education and professional training programs available.
• Partnerships exist between schools and other stakeholders (city, local businesses, etc.)</td></tr>
<tr><td>Challenges</td><td>Lack of specialized services</td><td>The quality of French taught in English schools does not allow students to be perfectly bilingual</td><td>Hard to access information on education</td></tr>
<tr><td>Impacts</td><td>• Prevents early detection and diagnosis</td><td>• Youth are not bilingual enough to have access to good jobs, and so leave the region.
• Youth leave to study in Montreal or other cities because their French is not good enough to study in French post-secondary institutions.</td><td>• Parents find it hard to accompany their children in making choices related to education, for example, where to go for post-secondary studies.
• People with low literacy have an added challenge in accessing information on education.</td></tr>
<tr><td>Solutions</td><td colspan="3">• Partnerships between the school board, Cégeps and the CSSS.
• Better communication between the school and parents.
• More information given to parents, for example, on sex education and on post-secondary education.
• More development in the areas of professional training.
• That schools continue to be the hub of the community and increase that role, for example by providing:
› Physical activities for all, art therapy in mental health, lifelong learning programs for seniors, collective kitchens, yoga, writing workshops, etc.</td></tr>
</table>

Some Statistics on Education in Laval

In the province as a whole, educational levels have risen in recent generations; younger generations are more likely than older Quebeckers to have completed high school or to have pursued post-secondary education. Overall, English Quebeckers are more likely to have a university degree than are French speakers (24.6% compared to 15.3%).

In Laval, the English-speaking community is slightly more likely to show high educational attainment and equally likely to show low educational attainment as their Francophone counterparts[68]. This indicates that there is a significant gap between those with higher education and those with low levels of educational attainment.

Highest level of educational attainment for English speakers by CLSC territory in Laval- 2006



Source- Rapport Rabaska, 2006

The above data shows that overall, the territory of CLSC Ruisseau-Papineau is characterized by a rate of nearly 33% of people who have not completed their secondary education[69].

Moreover, the Ste-Rose CLSC territory leads the way with a rate of just over 18% having attained a college degree, followed closely by CLSC Milles-Îles. In terms of university studies, the CLSC Milles-Îles area contrasts sharply, with nearly 22% of its English-speaking population having completed a certificate or a degree[70]. The CLSC Ruisseau-Papineau is therefore at a significant disadvantage.

Visible minorities have higher levels of education

Additionally, within the total English-speaking visible minority population aged 15 and over in the RSS de Laval region, nearly nineteen percent have no educational certificate, diploma or degree. Among the English-speaking visible minority groups, we observe a higher proportion of individuals without educational certification within the

Southeast Asian, Chinese, and West Asian groups. Among the RSS de Laval region's English-speaking visible minority population, 22.6% have a university certificate, diploma or degree. As can be seen below, they are much more likely to have university level certification than the English-speaking non-visible minority population (15.9%). They are also much more likely to have university certification when compared to the French-speaking visible minority group (18.7%)[71].

Highest Educational Certificate on by Selected Age Group

		Province of Quebec		RSS of Laval	
		English	French	English	French
High school certificate or less	Total	44.7%	47.4%	**46.5%**	42.5%
	25-44	30.2%	29.9%	**30.7%**	28.6%
	44-64	43.3%	46.1%	**51.2%**	42.5%
Apprenticeship or trades certificate or diploma	Total	9.3%	16.3%	12.2%	15.1%
	25-44	10.1%	21.2%	13.3%	18.4%
	44-64	10.8%	17.6%	14.1%	17%
College, CEGEP, or other university certificates or diploma	Total	16.2%	16.1%	**19.2%**	17%
	25-44	19.3%	20.7%	**24.4%**	21.1%
	44-64	14.3%	14.9%	13.8%	16.1%
University Certificate or diploma below bachelor level	Total	5.2%	4.8%	**5.1%**	6.1%
	25-44	5.8%	4.8%	**5.9%**	6.7%
	44-64	5.8%	6.0%	**5.7%**	7.1%
University certificate, diploma, or degree	Total	24.6%	15.3%	**17.1%**	16.3%
	25-44	34.7%	23.5%	25.8%	25.2%
	44-64	25.8%	15.5%	15.3%	17.2%

Source: CHSSN Baseline Data Report 2011-2012 Visible Minority Report by Health Region. Based on 2006 census data.

SUMMARY Education

Although English schools in Laval seem to have a strong social fabric, it seems participants feel there is still much work to do. English-speaking educational institutions face several challenges:

- The lack of specialized services has long term and far reaching impacts, because there is little early detection and diagnosis of special needs or mental health issues in youth. Furthermore, waiting lists are long for services, stress and anxiety among parents and caregivers is high, and youth must travel to Montreal for services, which is not always possible or ideal.
- The quality of French taught in English schools does not enable students to become perfectly bilingual. The impacts of this are also long term in that this increases the probability that youth will leave Laval and that they will have a harder time finding employment and eventually end up in the lower income cohorts.
- It can be hard to access information. This is a difficulty expressed primarily by parents who find it hard to accompany their children in the educational process, including selecting post-secondary education.

Among solutions proposed at the forums are more partnerships between the CSSS, the school board and Cégeps as well as improved means of communication between parents and the school.

The Economy, Employment and Income

English speakers need to be included

In this section we present the perspectives expressed by community members at the consultation held in November 2011 concerning economic conditions in Laval.

Social Determinant of Health

There is strong evidence that higher social and economic status is associated with better health. These two factors are considered to be the most important determinants of health. Health status improves at each step up the income and social ladder. Higher incomes promote optimal living conditions, which include safe housing and good food. The degree of control people have over life circumstances and the ability to adapt to stressful situations are key influences. Higher income and social status generally result in more control and more resources to adapt.

Studies are showing that limited options due to limited means and poor coping skills for dealing with stress increase a person's vulnerability to a range of diseases. For example, only 47% of Canadians in the lowest income bracket rate their health as very good or excellent, compared to 73% of Canadians in the highest income group. Low-income Canadians are more likely to die earlier and to suffer more illnesses than Canadians with higher incomes.

And perhaps most interesting of all, studies show that large differences in income distribution (the gap between rich and the poor) are a more important health determinant than the total income that a population generates. Income gaps within and between groups increase social problems and poor health. In other words, the more equitable a society, the better people's health is likely to be.

Of course, incomes are closely related to economic conditions and employment opportunities. Unemployment, underemployment, stressful or unsafe work are associated with poorer health. People who have more control over their work circumstances and fewer stress related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities.

In addition, employment has a significant effect on a person's physical, mental and social health. Paid work provides not only money, but also a sense of identity and purpose, social contacts and opportunities for personal growth. When a person loses these benefits, the results can be devastating to both the health of the individual and his or her family. Unemployed people have a reduced life expectancy and suffer significantly more health problems than people who have a job. A major review done for the World Health Organization found that high levels of unemployment and economic instability in a society cause significant mental health problems and adverse effects on the physical health of unemployed individuals, their families and their communities. Lack of employment is associated with physical and mental health problems that include depression, anxiety and increased suicide rates[72].

Issue: English speakers need to be included		
Strengths	• Laval is a dynamic city. • Laval has experienced positive development. • There is potential for English-speaking business people to develop enterprises in Laval. • Laval has become more accessible due to highway 25 and the new metro station where businesses have opened up. • Opportunities for small- and medium-sized businesses are better in Laval than in other cities. • There is large pool of young people in Laval.	
Challenges	English speakers don't feel they are benefiting from these strengths	Retention of English Speakers
Impacts	*"There are times I feel like a second-class citizen even though I've been here all my life"* • English speakers have a harder time finding employment. • Some participants have the perception that being bilingual is not valued in Laval.	*"My street used to be 90% Jewish. Our children have left the community for Toronto and other parts of the country..."* • Bilingual professionals leave the city to work elsewhere. • English-speaking youth leave the city to establish themselves elsewhere.
Solutions	• Offer French classes to English-speaking residents. • Improve the quality of French taught in schools. • Raise awareness among employers regarding the advantages of being bilingual. • Offer workshops and classes to youth on entrepreneurship in order to encourage them to stay in Laval to start their own businesses.	

According to the CHSSN 2011 Baseline Data Report on English-language access to health and social services in Quebec, for English speakers in general, household income status was associated with the greatest variation in self-assessed health, as those with household incomes under $30,000 annually were much more likely to describe themselves as in poor health and much less likely to describe their health as very good or excellent. In contrast, those in the higher household income brackets ($70-$100,000 and $100,000+) were more inclined to describe themselves as having good health and less inclined to report poor health[73].

Labour Force Activity by Language

	Province of Quebec		RSS of Laval	
	English	French	English	French
In the labour Force	64.6%	65.3%	**70.3%**	67.2%
Employed	91.2%	93.4%	93.2%	94.8%
Unemployed	**8.8%**	6.6%	**6.8%**	5.2%
Out of the labour force	35.4%	34.7%	29.7%	32.8%

In 2006, Laval English speakers experienced an unemployment rate of 6.8%, which is substantially higher than that of Francophones in their region, but lower than that of English speakers across Quebec.

Source: CHSSN 2010. Socioeconomic Profiles of Quebec's English-Speaking Communities. 2006 census of Canada. 20% sample.

Population 15+ years by income group and language

	Province of Quebec		RSS of Laval	
	English	French	English	French
Under $10,000	27.6%	23.4%	24.2%	21.5%
$10,000-29,999	35.8%	36.9%	36.6%	24.5%
$30,000-49,999	19.4%	23.1%	22.7%	24%
$50,000 and over	17.2%	16.6%	16.5%	20%

Source CHSSN Socioeconomic Profiles of Quebec's English-Speaking Communities, 2010. 2006 Census. 20% sample.

In addition, compared to Francophones in the region, English speakers were more likely to be without income and were less likely to be in the higher income category. They were more likely to be living in economic households below the low income cut-off level[74].

Some Statistics on the Economy, Employment and Income in Laval

Credit: Mary Richardson

Laval is renowned for its economic diversity and distinguishes itself particularly by its efficient industrial sector which is made up of 900 businesses that employ 28,400 people (2005). The food processing sector is a key area of development where 1,750 businesses generate $2.7 million of annual revenues and employs 15 800 people (2005). In the bio-food sector, the most significant areas of production are in meat processing and horticulture. Laval produces 25% of all flowers sold in the province. The bio-technology sector includes 90 highly specialized businesses and employs 3,300 people. In general, Laval is a city which has a strong entrepreneurial culture and highly available employment (one of the highest in the province). Small businesses make up 79% of employment in the region. In the sector of the social economy, there are 40 government daycares which offer 9,500 spaces for preschool children, and three workforce integration enterprises for youth, adults, and immigrants[75]. Lastly, Laval is also a biotechnology center (Cité de la Biotech); a unique model in North America. It is a space dedicated to scientific research, clinical trials, and marketing and post-marketing of goods and services related to human health sciences[76].

Credit: Mary Richardson

Despite these realities, English speakers in Laval feel they do not have equal access to the same opportunities as do their French-speaking counterparts. This is particularly true in certain sectors of Laval.

Concentration of poverty in central sectors of southern Laval

In the central sectors of southern Laval, there is a concentration of poverty that is characterized, in particular, by high rates of two-parent or single-parent families living below the low-income cut-off. It is in these sectors that English speakers most predominantly reside. In Chomedey, thirty-eight percent of families are considered low-income, thirty-six percent are low-income single parent families, and thirty-nine percent of children in the area are in low-income families.

Furthermore, Chomedey, Laval-des-Rapides, Pont-Viau and Saint-Vincent-de-Paul have the highest number of renter households. In these sectors, the percentage of households that dedicate 30% or more of their income to rent exceeds the Laval average (37%) except in Saint-Vincent-de-Paul.

English speakers from the Ruisseau-Papineau CLSC territory stand apart with respect to unemployment rates, which are 9%. It is therefore the territories of Ste-Rose (5% unemployment rate), Milles-Îles (6% unemployment rate) and also, surprisingly, the CLSC Marigot (5% unemployment rate) which help give Laval a reputation of having a healthy economy[77].

The table below clearly shows how the English speakers living on the Ruisseau-Papineau territory are at a significant disadvantage with 24% of the population living below the low-income-cut-off. This is higher than the general Quebec rate and dramatically higher than other CLSC territories in Laval[78].

% of English speakers living below the low income cut-off 2001

Quebec (in general)	Laval (in general)	CLSC R-P	CLSC Marigot	CLSC Ste-Rose	CLSC Mille-Îles
23%	19%	24%	16%	10%	11%

Source- Rapport Rabaska, 2006,

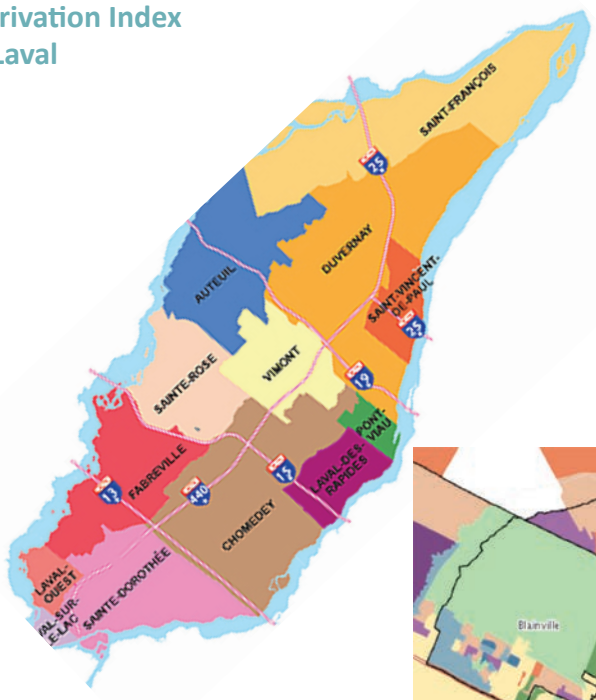
Further information below will demonstrate that English-speaking individuals in these areas must deal with increasingly complex realities.

Social and material deprivation index

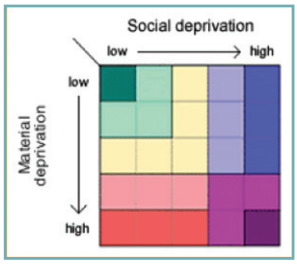
The social and material deprivation index is a tool developed in 1999 by the Institut national de santé publique du Québec and Quebec's ministry of health and social services to measure levels of inequality on a geographic scale. It is used in health planning, more specifically, as an indicator of needs for more vulnerable groups. Deprivation is defined as "A state of observable and demonstrable disadvantage relative to the local community or the wider society or nation to which an individual, family or group belongs." These disadvantages are two-dimensional: material (goods and conveniences including access to housing) and social (social networks, family and community, isolation). Within these two dimensions are six indicators: the proportion of persons without a high school diploma, the employment-population ratio, average personal income, the proportion of persons living alone, the proportion of individuals separated, divorced or widowed, and the proportion of single-parent families. This excludes other indicators that would be significant, in Laval in particular, such as immigration and ethnic origin. With this in mind, we can nonetheless draw some conclusions from the map below which shows the most deprived areas of Laval, since analysis has shown that an increase in deprivation is associated with a decrease in health and an increase in health care use[79].

Territories are ranked as privileged, intermediate, deprived, and very deprived. The cube below shows to what extent some areas are socially deprived, materially deprived or both. Areas of the map in orange indicate strong material deprivation. Areas in blue suggest strong social deprivation. Areas in purple and violet indicate strong material and social deprivation. According to this tool, it is people in these areas that are most vulnerable to health problems. Those areas in dark and light green would be considered the least vulnerable neighbourhoods.

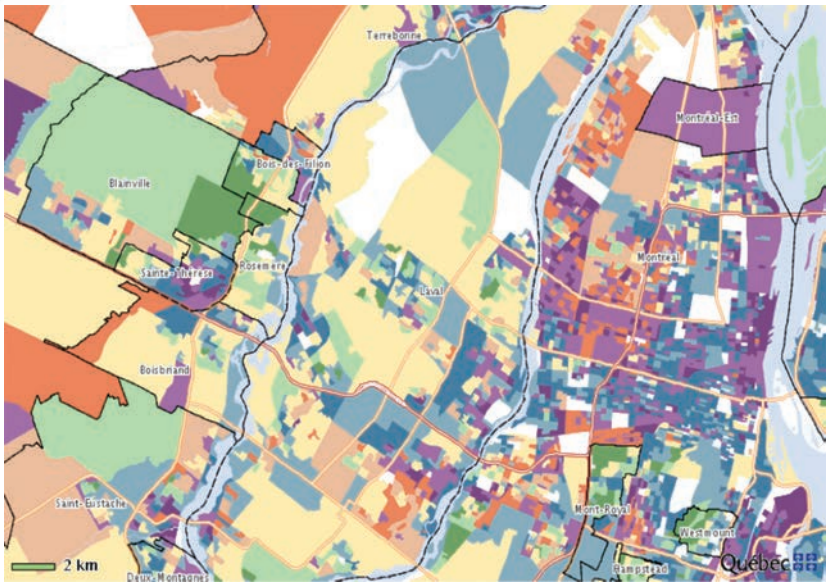
Social and Material Deprivation Index for Laval



(Taken from imageshack (web))



The most vulnerable areas in Laval (those in purple and violet below) are Chomedey and Laval-des-Rapides (as seen in map on left), as they have high concentrations of material and social deprivation as well as some areas with high material deprivation and others with high social deprivation. Pont Viau and Saint-Vincent-de-Paul are also areas that are considered vulnerable. Laval-sur-le-Lac, Ste- Dorothée and some areas of Duvernay seem to be among xthe least vulnerable neighborhoods.



Variations in the deprivation index for Canada, 2006

Less employment and lower incomes for English-speaking visible minorities

There are 645 unemployed English speakers in the RSS de Laval region who are members of a visible minority group. They represent nine percent of the English-speaking visible minority population which makes them much more likely to be unemployed than those of the English-speaking non-visible minority population (6.3%). Among the visible minority groups in the RSS de Laval region, we observe higher proportions of unemployed among the West Asian, Arab, and Black groups[80].

Thirty-one percent of English speakers in the RSS de Laval region are members of a visible minority group and reported an income level under $10,000. This makes them much more likely to have an income level below $10,000 than the English-speaking non-visible minority population (22.7%). Among the English-speaking visible minority population, we observe higher proportions of under $10,000 income levels among the West Asian, Arab, and South Asian groups. Members of the RSS de Laval region's English-speaking visible minority population are much less likely to have an income of $50,000 and over (10.5%) when compared to the non-visible minority population (17.8%) with the exception of Chinese (18.5%)[81].

Income Levels of English-speaking visible minority population

	RSS of Laval			
	Under $10,000	$10,000-$29,000	$30,000-$49,000	$50,000+
Chinese	26%	37,7%	19,2%	**18,5%**
South Asian	**32%**	40,6%	18%	9,7%
Black	28,6%	38,1%	**23,8%**	10,2%
Filipino	27,7%	**44,6%**	15,4%	12,3%
Latin American	26,9%	38%	26,1%	9,4%
Southeast Asian	30,5%	36,3%	23,2%	11,1%
Arab	**34,9%**	38,6%	15,5%	11,3%
West Asian	**37,6%**	**42,4%**	16,8%	2,4%
Non-visible minority	22,7%	36,1%	**23,4%**	**17,8%**

Source: CHSSN Baseline Data Report, Visible Minority Report by health Region, 2006.

Twenty-six percent of visible minority English speakers in the RSS de Laval region are living below the low-income cut-off (LICO). This makes them much more likely to be living below the LICO (25.6%) than the English-speaking non-visible minority group (15.2%). Among the visible minority population, we observe higher proportions of those living below LICO among the Arab, Southeast Asian, and West Asian groups[82].

SUMMARY
Economic Conditions

Laval is clearly a dynamic and innovative city that has experienced significant growth recent years. Opportunities for employment seem endless. The issue for English speakers, however, is inclusion in these opportunities.

Participants at the forums mentioned that one challenge is that they are not benefiting from Laval's strengths. They have higher rates of unemployment and lower levels of income. This is particularly true in the CLSC territory of Ruisseau-Papineau.

Another challenge is associated with the retention of youth and professionals, both of whom tend to leave for better employment and income possibilities elsewhere.

Among the solutions proposed at the forums include offering French classes to Laval residents, improving the quality of French taught in schools, and offering business workshops to youth to encourage them to stay in Laval and open their own businesses.

Environment

Striking a balance between environmental protection and economic and demographic growth

In this section we present the perspectives expressed by community members at the consultation held in November 2011 concerning the natural and built environment in Laval, followed by some relevant statistics and perspectives for the future.

Social Determinant of Health

The natural and built environment is one of the determinants of health as it plays an important role in people's quality of life as well as their physical and psychological well-being. At certain levels of exposure, contaminants in our air, water, food and soil can cause a variety of adverse health effects, including cancer, birth defects, respiratory illness and gastrointestinal ailments. In the built environment, factors related to housing, indoor air quality, and the design of communities and transportation systems can significantly influence our health, both as individuals and as communities.

Where people live affects their health and chances of leading flourishing lives. Communities and neighbourhoods that ensure access to basic goods, that are socially cohesive, that are designed to promote good physical and psychological wellbeing, and that are protective of the natural environment are essential for health equity.

For example, it has been shown that various elements of the built environment and services environment affect people's behaviours, such as the amount of physical activity they do or their diet, which in turn can have an effect on physical characteristics such as body weight. Since obesity has become one of the most troubling public health problems in recent years—described as an epidemic by the World Health Organization—researchers and health organizations are seeking to better understand how to promote healthy lifestyles and prevent weight-related problems. There are many ways to change the environment to encourage people to use active transport, to eat healthier foods and to interact with their neighbours. For example, neighbourhoods can be designed with a blend of commercial and residential uses, with walking and biking paths, and with easy access to public transit and recreational infrastructures. This makes it easier for residents to do a number of activities in a walkable radius and have more frequent contact with neighbours[83].

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Community Perspectives on the environment

Environment		ISSUE: STRIKING A BALANCE BETWEEN ENVIRONMENTAL PROTECTION AND ECONOMIC AND DEMOGRAPHIC GROWTH.
Strengths	• Parks for children • The efforts put into composting and recycling	
Challenges	Population growth and the loss of agricultural land and green space	Walkability
Effets	• Land degradation • Surface water pollution • Increased road traffic • Pollution	*"Laval used to be notorious for sidewalks"* • It has become essential to own a vehicle. • Only 8% of transportation is done by foot or by bicycle.
Solutions	• Discuss environmental issues at town hall meetings. • Clean up the shoreline in order to make beaches more appealing. • Create more incentives for residents to protect the environment: › Easier access to tools such as rain water barrels › More community composting sites › More sidewalks › More public transport › More parking at the metro station › Educational workshops on recycling and composting	

It is interesting to note that for one of the province's largest cites, in 2005, Laval reported 0 days of smog compared to the average for the rest of the province, which reported 12 days of smog that year[84].

Some Statistics on the Environment

The city of Laval has a very unique identity due to its geographical location. It is a city surrounded by water: Rivières des Prairies, Mille-Îles River and Lake of Two Mountains shape the landscape and determine its spatial organization. The shores of the archipelago consist of a multitude of islands, 25,000 kilometers of inland waterways, wetlands (swamps, marshes, ponds and bogs), woodlands and other areas (fields, wastelands, meadows, cliffs, and more). These form a mosaic of basic elements for the development of the fauna and flora[85]. Because of its unique nature, in 2009, the city of Laval created a policy for the conservation of natural environments. Its objectives are : to ensure the conservation of natural environments such as woodlands, waterways, swamps and more, as well as the ecological processes that help protect species and habitats by increasing the conservation territory by 9%; and to highlight these protected natural areas while promoting their survival[86].

http://www.ville.laval.qc.ca/wlav2/docs/folders/portail/fr/vie_communautaire/evenements/concours_photo/2011/image/3e_prix_grand.jpg

Healthy lifestyles and the environment

The characteristics of Laval which encourage healthy lifestyles and physical activity are the following:

- 28% of the population live in neighbourhoods where there is a high diversity of land usage.
- 92 % of the population is located within 1000 meters of a park or green space.
- 66 % of the population is located within 1000 meters of a recreational infrastructure.
- 20 % of the population lives in areas with high density.
- 21 % of the population lives in areas with high walkability[87].

Credit: Mary Richardson

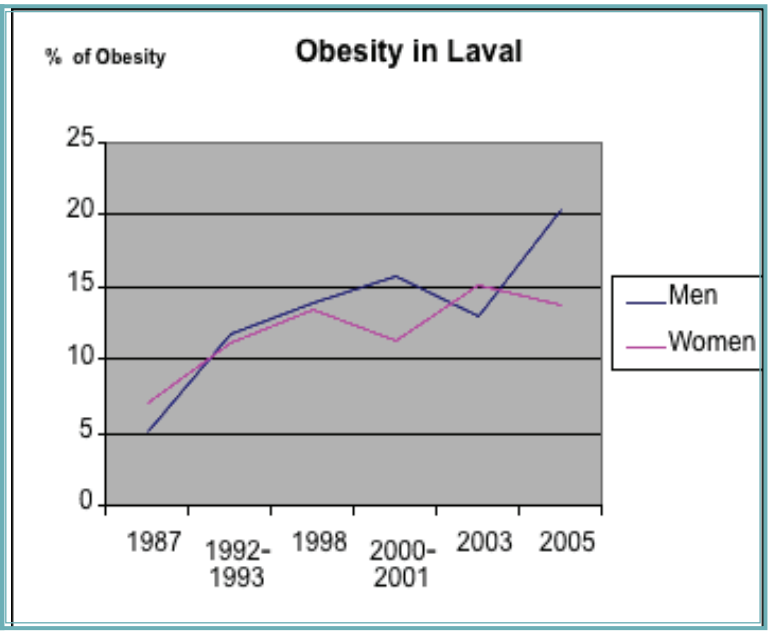
A residential neighbourhood with high "walkability" is one that is more densely populated, with many shops and services and with interconnected streets. This is positively correlated to the practice of active transportation among residents (walking, cycling, using public transit) and a lower prevalence of overweight individuals[88]. Although some percentage of the city is highly walkable, some forum participants complained that this was a problem, as highlighted in the challenges above.

On the other hand, data on the service environment shows that some characteristics of Laval are less favourable to healthy eating habits:

- 65% of the population of Laval lives more than 1000 meters from a grocery store.
- 65% of the population lives within 1000 meters of a fast food restaurant (and therefore is more accessible than a grocery store where one can buy healthier food).
- 77 % of the population lives within 1000 meters of a corner store (making "junk food" more accessible as well).

Urban sprawl, characterized by low diversity in land use, lower residential density, lack of a downtown area and low connectivity of streets is in turn associated with a higher prevalence of excess weight[89].

In Laval, obesity rates differ dramatically depending on the CLSC territory as can be seen below. The CLSC Ruisseau-Papineau has an English-speaking community whose relative weight is nearly double that of Laval and more than triple that of the territory of CLSC Ste-Rose, which is the area with the lowest rate. It is interesting to note that more than half of the English-speaking population of Laval resides in the Ruisseau-Papineau CLSC territory[92].



Indeed, as can be seen in the graph below, the rate of obesity in Laval quadrupled for men and doubled for women between 1987 and 2005[90]. It should be noted that levels of obesity have increased at alarming rates in all regions of Quebec and developed countries (World Health Organisation, 2003). In Quebec in general, 21.5% of people are obese[91]. The issue is therefore not specific to Laval (although rates are slightly higher) but has become a world-wide epidemic and public health issue.

Relative Weight in % of Laval's English-speaking population by CLSC Territory

RSS of Laval				
Laval	Ruisseau-Papineau	**Sainte-Rose**	Marigot	Mille-Îles
13,1	24,5	7,6	8,6	9,1

Source: Rapport Rabaska, CLSC Ruisseau-Papineau

SUMMARY Environment

Despite its economic and demographic boom, Laval has managed to take steps to protect and improve the environment. Residents nonetheless feel that there remain areas to work on. The first concern is related to population growth and the loss of agricultural land and green space, which is related to an increase in pollution and traffic. The second issue is related to the walk-ability of Laval. Whereas Laval used to be known for its sidewalks, only 8% of transportation is done by foot or on bicycle. It has become essential to own a vehicle in Laval. Associated with this are high levels of obesity. Although this has become a world-wide epidemic, Laval's obesity rates are higher, again focused primarily in the CLSC territory of Ruisseau-Papineau, an area that is in many ways less well off than the rest of Laval.

Solutions proposed by participants include creating incentives for residents to practice environmental protection (more sidewalks, more composting sites, free rain barrels, etc), and discussing environmental issues at town hall meetings.

Conclusion

Laval is the third largest city in the province in terms of population and the fastest growing city in the last fifteen years. Between 1996 and 2006 the English-speaking population grew by 66%. It now makes up 19% of the population. English speakers reside primarily in the neighbourhoods of Chomedey, Laval Ouest, Ste. Dorothée and Duvernay. With respect to CLSC territories, English speakers reside mostly on the Ruisseau-Papineau territory (55% of English speakers reside there and make up 26% of that population).

Laval is quite unique in its makeup of English speakers compared to most cities and towns in the province of Quebec. Although there are some people whose mother tongue is English, a large portion of English speakers has English as their first official language spoken and another language as their mother tongue. Visible minorities make up 17.5% of the population. This is significant when planning for health and social service delivery to the community as well as in the planning around social and community life. It is important to consider this population in health planning as they may be living in particular circumstances which impact their health, for example social isolation, precarious economic conditions, prolonged separation from family members, professional "dequalification", or pre-migratory trauma, all of which can have a negative impact on health. In many cases, the language of choice may be the same but culturally, needs are very different. This raises another level of complexity as the system must juggle services that are their legal obligation to provide while striving to reduce social inequalities in order to improve quality of life.

It is for these reasons that involving the community as much as possible can ensure that everyone has a say and can be heard. This particular process, including the forums and this portrait, seems to have had a positive effect on the English-speaking population of Laval. New partnerships have been formed, and in the long term it can be hoped that better access to English services will result, in both the health care system and the community. The executive committee formed for this process by Laval's coordinator of the Networking and Partnership Initiative was made up of major stakeholders such as the City of Laval, CSSS Laval, Sir Wilfrid Laurier School Board, Concordia University, and AGAPE. The group helps ensure that English speakers in Laval have a voice and are being heard.

Other connections have been solidified in this process, for example with CEDEC and LEARN, and new partnerships are blossoming. Some examples are: the McGill University retention and training program for health care professionals and students; the CRDI working with adults with intellectual disabilities in Laval; and Laval News which advertises events in the English community, thereby increasing access to information. Partnerships have also been established with 4 Korners, an organization working with the English-speaking population in the Laurentians and which works with the Sir Wilfrid Laurier school board. These are just a few examples of the work underway.

Continued work on the issues, challenges and celebrated strengths

Health and Social Services

In the eyes of the English-speaking population of Laval who gave their perspectives at the forums held in November 2011, there is still much to work on, despite the strengths that must continue to be celebrated. The issues and challenges tend to revolve around the same topics and are common for all social groups such as youth and seniors.

In access to health and social services, participants expressed a need to receive services in English. Not having these services is said to have impacts on certain groups, particularly more vulnerable ones such as seniors, special needs individuals and their families, people with lower incomes and youth. They find themselves having to settle for French services even though communication is not ideal. They must travel to Montreal for services without always having the

capacity to do so and waiting lists are long when the need for services often cannot wait. Many others turn to private services without having the means to do so. Those who do feel they are unjustly paying for two separate health care systems.

Another challenge associated with the issue of lack of services in English is that people feel health care professionals and staff are not sensitized to the need to provide services in English. Health care users feel shame, embarrassment and guilt at not being able to communicate in French.

A third challenge is the lack of access to bilingual information. Seniors lack information on prevention and health promotion, their prescriptions are unclear because they are French, and they do not always know what services and activities are being offered in the community. Youth too feel they do not have access to prevention and health promotion information.

A last challenge is the retention of health care professionals. Due to heavy workloads and 'red tape' associated with their professional orders, they may choose to look for employment elsewhere.

The accumulation of these challenges all contribute to the issue of a lack of services in English.

On the other hand, participants named several strengths such as the effort that health and social services staff put into speaking English; that some general services such as 811 are bilingual; that many services exist in the community for seniors and youth, although they are not always in English; that schools are an asset to the community; that the mental health trajectory has facilitated the understanding of the system and how to access it.

Social and Community Life

With respect to social and community life, the main issue was the vitality of the English-speaking community. A challenge associated with this is the lack of activities and spaces to socialize. According to participants, youth end up leaving the city as they lack a sense of belonging; individuals with nowhere to go feel isolated and may lack opportunities for physical activity, which is not supportive of physical and mental health.

Strengths include the fact that some activities do exist for youth and that there are English day camps.

Education

In this theme, the issue was the role of the school in community vitality. A challenge associated with this is the lack of specialized services for youth which may delay the early detection and diagnosis of intellectual and mental health issues.

Another challenge is that the quality of French taught in schools does not enable students to be perfectly bilingual, thereby giving them less access to good jobs and post-secondary education in Laval. They may, as a result, end up leaving Laval.

A final challenge concerns the difficulty in accessing information on education. Parents primarily find it difficult to accompany their children in making choices for post-secondary education.

Several strengths were identified in this theme: the quality of education is considered good; close-knit relationships

between teachers and students allows for proper follow-up of youth; public schools are as good as the private schools; parents are engaged in the academic success of their children; there is good collaboration between parents, teachers, and school administrators; schools have good programs and activities; there are good adult education and professional training programs; and quality partnerships exist between the schools and other stakeholders such as the city and Laval businesses. All of these points contribute to an overall sense of community.

The Economy, Employment and Income

In this theme, the issue was related to the inclusion of English speakers in economic opportunities. Participants expressed they did not feel they were benefitting from Laval's dynamic qualities and its entrepreneurial possibilities. English speakers have a harder time finding employment which may lead to an outward migration to find employment opportunities elsewhere.

Strengths identified include that Laval is a dynamic city and has experienced positive development in recent years; it has a large pool of young people and there is good potential for employment; that has become more accessible due to the 25 and the new metro station, and this helps businesses thrive; and there is much potential for people to set up businesses in Laval.

The Environment

The main issue concerning the natural and built environment was the balance between environmental protection and demographic growth. The challenge of population growth and the loss of agricultural land and green space has lead to land deterioration, surface water and other types of pollution and increased road traffic.

A second challenge is related to walkability as it has become essential to own a vehicle in Laval.

Strengths identified for this theme were that some parks exist for children and that efforts are made towards recycling and composting.

MOVING AHEAD

In the year that followed the two forums in 2011, the NPI coordinator as well as the executive team continued to meet to plan for the follow-up event. Indeed, so much information was gathered that analyzing the data was a challenge in itself. The work carried on, and the community continued to be included and engaged throughout the year through communications bulletins that kept them up to date on what was going on with the process as well as changes in the community.

Almost a year after the November forums, on September 29th 2012, a follow-up forum was held in Laval where the information gathered was presented back to the community and other stakeholders. The day was planned by Master's students from Concordia University studying in the Human Systems Intervention program. They used the carefully analyzed materials from the 2011 forums to organize a day where participants would be able to continue participating in the community development process. They were encouraged to identify priorities for action, brainstorm on possible solutions and get involved however they saw fit. 150 people registered for the event and 120 people came. Concordia plans on coming out with a report on the day's events.

Changes will undoubtedly continue to take place in Laval. Having such an involved community and dedicated partners is what will make the community development wheel keep on turning.

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