

Survey sheds new light on old problem

It will not come as a surprise to most English-speaking Quebecers that there are serious disparities in accessibility to this province's health care system. Findings from the recent CHSSN-CROP survey on community vitality bolster that view and provide new insight into where the major problems lie.

One of the survey's most striking revelations was that over half of the anglophone respondents were not satisfied with their access to health and social services. That level soars to over 75 percent in the Mauricie, Lanaudière, Chaudière-Appalaches and Outaouais regions.

Regional differences in health care services abound. While 65 percent of anglophone respondents did receive services in English at their CLCSs, that figure dropped to as low as 35 percent in some rural regions. And while over 80 percent of Montreal's western anglophones received CLSC services in English, nearly 60 percent of the city's East End anglophones did not.

"The Montreal part of the survey was quite an eye-opener," says Joanne Pocock, CHSSN researcher. "Results from the eastern region of the city actually have more in common with those in rural regions. Services and accessibility are lacking straight across the board."

Although access to health and social services in English depends on the availability of information regarding these services, close to three-quarters of the polled anglo-

phones had not received any information from public health and social services institutions about English services in the previous two years. In fact, information sources that are used vary according to age, gender and income.

While a majority of anglophones said that they would turn to relatives or family in the case of illness, there are demographic factors that lead others to rely on public or community resources. In several regions, the "middle" generation, traditionally caregivers of the elderly, is seriously diminished. As for those who do remain, they report having nobody to turn to.

The survey did confirm a troublingly low use of English in the public system. "It is really important to underline language as an issue in gauging the quality of health care," Pocock affirms. "We found that nearly 20 percent of anglophones felt uncomfortable in asking for services in their own language. Just as disturbing was the fact that young anglophones do not feel well treated or comfortable in the system.

"There is still a prevalent notion out there that anglos are well taken care of in Quebec where they have their own institutions," says Pocock. "It must be recognized that they don't enjoy the full access to the public system that as citizens they have a right to. This survey actually underlines that, increasingly, we're seeing two levels of citizens here."

(Survey results available at www.chssn.org)

CHSSN conference pulls in partners

The CHSSN hosted a notably successful conference on healthcare accessibility in February. The well-attended gathering brought together community organizations and public partners involved in improving access to English-language services. Its theme, Building Links, was central to the many presentations and workshops offered to delegates.

"The new reality of Quebec's health and social services system provides a unique opportunity for the English-speaking community to participate in the development of services," affirms Jim Carter, CHSSN program and policy advisor. "So it is a critical time for us to establish formal links within the health and social services network."

The conference examined new research that has created crucial knowledge about English-speaking communities. It covered the trail-blazing initiatives of several CHSSN members in building partnerships with the public sector. It explored strategies to create new models of networking and to sustain current investments in improving access. "Having all these stakeholders come together has opened up many opportunities for even greater cooperation," says Carter.

The Public Health Agency of Canada, Health Canada and the Department of Canadian Heritage funded the conference.

For more conference news, see page 4.

McGill Project is on course

The major initiative by McGill University to help improve access to health and social services in Quebec's English-speaking communities is now well under way. The McGill Project is based on providing second language training and professional development activities for healthcare personnel across the province's regions. The CHSSN played a key role in developing this unique project. Health Canada is providing the funding.

Language training a big draw

English courses for francophone healthcare professionals attracted over 1500 participants during the first phase of the project. The final number is expected to exceed 4,000. "The response has been very enthusiastic," says Mireille Marcil, project coordinator. "Fifteen of the province's 16 health and social services agencies applied for the training of staff from 85 CSSSs."

It is very much a collaborative effort. While McGill developed and administers the teaching initiative, its project team has worked closely with regional Agencies, public establishments and teaching institutions. Input from anglophone community groups involved with local health and social services issues is a key element of the program.

The 1,000-hour English courses are being offered for another two years. They will be supplemented with follow-up distance support to help participants maintain their newly acquired language skills. At the same time, teaching modules are being developed for anglophone professionals to improve their facility in written French. "This is the assistance that they seem to need the most," says Marcil.

Research to set new standards

An important component of this language-training venture is a breakthrough research project that has just begun. Headed by Dr. Norman Segalowitz, Psychology professor at Concordia University, an inter-university, inter-disciplinary research team will investigate language and cultural issues as they affect delivery of health and social services. This research will not only serve anglophones in Quebec but will also provide a scientific expertise that can be adapted for second language training elsewhere in Canada, and the world.

"Official minorities don't have a high level of access to health care in their first language," says Segalowitz. "It's a worldwide problem, but the only studies so far available deal with the use of translators or interpreters. That's why the scale and originality of the McGill Project is so significant."

During the two-year program researchers will be investigating such issues as how to assess what level of second-language skills targeted healthcare deliverers actually have; how to measure changes in fluency resulting from training; how to evaluate the quality of teaching; what post-training support is required to maintain fluency.

"Healthcare communication in a second language involves so much more than using correct technical terminology," says Segalowitz. "It's a highly personal dialogue that calls for an understanding of the linguistic characteristics and cultural differences that seriously affects the discussion of health-related issues."

Staffing the regions a priority

The McGill Project also aims to boost the participation of English-speaking personnel in the province's health and social services system. Its retention and distance support program is designed to attract anglophone healthcare professionals to non-urban regions, and to encourage them to stay there. This innovative program is coordinated by Estelle Hopmeyer of the McGill School of Social Work.

"The first challenge," Hopmeyer says, "was to create internships in the regions for anglophone social work and nursing graduates. We invited educational and health and social services institutions, as well as local community organizations, to partner with us in identifying and developing these field placements. So far, we've received 20 proposals from ten regions that will involve 31 internships. We're really pleased with that response."

Crucial to the success of this program is the quality of the interns' field training. McGill is now making available to participating institutions a basic supervision course. "Next year, we're introducing a pilot interdisciplinary course for supervisors," says Hopmeyer. "This is all quite new for the regions."

This program is a future-based venture. Once located in the regions, English-speaking personnel will be offered distance support and professional development activities. "This is not just a short-term program," affirms Hopmeyer. "We hope that these partnerships, and the ensuing services, will become permanent."

Community networks are making steady progress

With two years left to establish sustainable long-term programs of English language health care in their communities, the 10 organizations participating in the Health and Social Services Networking and Partnership Initiative (HSSNPI), are reporting steady and significant progress. All attest to strong support from service providers and other community organizations, as they move ahead on many fronts.

There has long been a lack of social services for English-speaking youth in the regions. The Lower North Shore Coalition for Health, the NPI spearheaded by the Coasters Association, has introduced a variety of sports activities and programs to tackle behavioural problems and rising high school dropout rates.

Substance abuse among young anglophones is of general concern. The Montérégie NPI of the Townshippers Association is setting up a

group home where troubled youth can voluntarily seek out a structured living environment. The Townshippers will be holding a major conference on youth in the fall. In May, the Fraser Recovery Program will bring together 10 young people from across the Gaspé peninsula to discuss substance abuse with professionals and recovered abusers. The partners network of Vision Gaspé Percé Now is sponsoring a young person trained in addiction counselling to meet with Gaspé youth over the summer.

The plight of seniors is another priority for anglophones. It topped the survey conducted for the Committee for Anglophone Social Action (CASA). CASA's network is looking into the possibilities for providing home care in the region. Transportation for isolated seniors in Montreal's East End is a major issue for the Catholic Community Services (CCS) NPI. It is also the subject of a feasibility study now

being led by the Townshippers Association in l'Estrie.

The CCS network has also set up a detailed plan to respond to other needs of seniors and youth, and the intellectually handicapped. The Council for Anglophone Magdalen Islanders (CAMI) has just released its English services guide. Concern about women's issues on the Lower North Shore has led to creation of a women's coalition in that region.

The Regional Association of West Quebecers held its first public meeting of potential partners in February to present the results of its needs assessment. Having laid a solid base in its traditional territory, the Megantic English-speaking Community Development Corporation has begun networking in the Beauce region. To ensure the efficient execution of its many new projects, Vision Gaspé's network has invested in the services of an accredited group dynamics trainer.

Social economy an interesting option

Long known and thriving in French Quebec, the social economy concept offers excellent potential for anglophone groups involved with the delivery of health and social services. "It's not a way we've traditionally functioned," says Hugh Maynard, CHSSN consultant. "But the francophone expertise is there for the asking."

Maynard is working with three groups on possible social economy projects. The Lower North Shore Coalition for Health is interested in a facility and/or home care for mentally and physically challenged

people. "Because they've been sent away to francophone institutions," says Kimberly Buffitt of the Coasters Association, "many can't speak English to their families anymore. We're surveying needs, preferences and comparative costs, and hope to be able to move into the next phase in September."

There are two projects being considered for the Gaspé. Vision Gaspé Percé Now is looking at a novel way of providing frozen meals to homebound seniors. CASA is interested in expanding the mandate of a local seniors' residence.

Telehealth keeps growing

The CHSSN's regional telehealth project has been greeted with ever increasing enthusiasm by anglophones across the province. Ten sites have hosted teleconferences so far, with total attendance increasing each time. Topics covered by health care experts from the MUHC range from cancer through substance abuse to learning disabilities.

"We aim to reach the older and younger populations each once a month," says Jo-Ann Jones, project coordinator. "We're pleased to see that more support groups are being formed after these sessions."

Building Links: CHSSN conference salutes partnerships

Some 200 delegates gathered in Montreal in February to attend a major conference sponsored by the CHSSN. It was actually the sixth Conference on Accessibility of Health and Social Services in the English Language. It was attended by representatives of community organizations, public institutions and government departments. Its theme, Building Links, embodies both the purpose and the impact of the conference.

There are challenges ahead

In addressing the delegates Ron Creary, CHSSN board president, expressed enthusiasm about the current significant engagement of many of its member associations with institutions and government to improve access to English-language services in Quebec. He cited three major challenges that the English-speaking communities must address to ensure their long-term health and well being.

“Negative demographic factors like population decline, high rates of ageing, and relatively low rates of income are steadily increasing the vulnerability of our communities,” said Creary. “Differential access to the healthcare system is creating health status inequalities in English-speaking communities in many regions. And although years of effort have improved access to services in general, serious gaps still occur in some regions.”

Workshops ran the gamut

Conference delegates took part in workshops that covered a wide range of topics. Following are some highlights from the presentations and discussions that took place.

New model of service delivery proposed for Quebec City region

One of the more innovative plans for developing new models of service delivery to anglophones was described by Louis Hanrahan, executive director of the Jeffrey Hale Hospital and Saint Brigid’s Home. By broadening its mandate as service provider to the Quebec region’s general population, the Jeff hopes to ensure that anglophones benefit from improved access to quality health care.

“The new health reform does call for improved access to the system,” says Hanrahan. “Our approach was to work very closely with healthcare institutions in developing the service model for this region. It’s been very much a partnership, in which we’ve played a major role.”

“There are many ways to build a network; it requires from all a sense of deep commitment and energy.”

A geriatric hospital, the Jeff now provides basic emergency services to the population at large. The plan is to introduce a full range of general frontline services, a move that would open up many more healthcare possibilities for the anglophone community.

“We want this to be a hub from which anglophones can be directed as needed into all levels of the healthcare system,” says Hanrahan.

Community schools the answer?

There is considerable interest in looking at the role that schools may play as a locus for community services, particularly in the area of health and social services. A spokes-

person for the education Ministry affirmed that the community school concept is a priority of the Quebec government because it is seen as a solution for the need for services in smaller communities. It has already proven successful in francophone villages, so the Ministry is interested in establishing a similar network for English-speaking Quebecers.

David Birnbaum, executive director of the Quebec English School Boards Association, cautioned, however, that when an English school is used as a one-stop shop for many community activities, its main objective of serving the English community in its own language must not be compromised.

“We need to continue to make links between community and partners.”

Some anglophone communities have developed fruitful partnerships with schools through the networking and partnership initiative. It has spawned several community action programs in the Magdalen Islands: drug and alcohol abuse prevention programs, collective kitchens and health-promotion cooking classes, and students’ radio publicity on available healthcare services.

“The community school concept is very important on the Lower North Shore,” explained Kimberley Buffitt, of the Coasters Association. “We’re isolated, and in some areas there are no road connections, so people must rely on local resources for services and activities. We have had a very successful school partnership in one community but funding and leadership is needed for other community school initiatives.”

Reform poses challenges for Montreal anglophone institutions

Anglophone institutions that provide specialized services to youth and the intellectually and physically handicapped are working their way through Montreal's new network of 12 CSSSs. They are all concerned about maintaining continuity of care for their clients

Carole McDonough, executive director of St. Andrew's, Father Dowd, and St. Margaret's Homes, pointed to a chronic under-funding of long-term-care facilities, and an increasing shortage of beds, particularly for the English-speaking population. She voiced concern that the anglophone institutions are not represented on the Agency's long-term-care planning committee.

Michael Udy, executive director of Batshaw Youth and Family Services, wondered how the new CSSSs will adapt to Montreal's multi-racial/multi-cultural reality.

"When people look at the board of directors, it has meaning if clients can see faces from their own community who will serve their interests."

Ghislaine Prata, executive director of the Constance Lethbridge Rehabilitation Centre, expressed concern that CSSSs bring another layer of administration into a system where waiting times were already significant.

Dr. Wendy Thomson, Director McGill's School of Social Work, emphasized that social workers must challenge the CSSSs to put clients at the centre of the new system.

Anglophones are missing out on provincial funding

Although there is significant provincial funding available for volunteer organizations, few in the English-speaking community are aware of its scope. A representative of the Montreal-based Centre for Community Organizations (COCO) highlighted some sources in the health and social services sector:

- The Secrétariat à l'action communautaire autonome du Québec, for general funding
- The Programme soutien pour les organismes communautaires, which handles the Ministry's core-funding program
- Santé publique, on projects related to health prevention and promotion
- Local CSSSs, for specific projects and service agreements

"We are used to working in isolation and it is time to work with the francophone community."

COCO has been working to link English and French community organizations, on issues of mutual concern and to provide anglophone groups with entry into the broader network of funding and policy discussions. It was suggested that English-speaking community groups could benefit by participating in a Table régionale des organismes communautaires. There is one in every region except the far North.

Health literacy can affect service

With over half the population having difficulty reading even simple printed messages, understanding medical information becomes a major challenge. The Centre for Literacy of Quebec has developed a

pilot project for the MUHC to improve health literacy among its clients. "When patients and their families cannot understand information about their condition and treatment, their health can seriously suffer," said Linda Shohet, the Centre's executive director. "That is why health and literacy must be linked to quality service."

A measure of community vitality

New research and evaluation initiatives concerning the vitality of anglophone communities provide a pivotal discussion point in the quest for equitable access to health care. "There is no absolute definition of community vitality," said Jennifer Johnson, CHSSN executive director. "But it does comprise such social aspects as support networks, civic participation and demographic strength. It's who we really are."

The federal government has just entered into a new initiative with communities in southwestern Quebec to develop a community vitality index. They will examine the processes that enhance community vitality and measures that compare the quality of life in one community to another. The goal is to have a viable and reproducible tool available by summer.

"You can't find another community portrait as comprehensive as this."

"Community vitality is the Holy Grail of our work," researcher Bill Floch told delegates. "It is complex and difficult to assess. But, as we analyze the evolution of Quebec's anglophone communities over time, we can see enormous change, and it has not always been positive."

Holland Centre addresses adult mental health

Adult anglophones with mental health problems who live in the Quebec City region can now count on much better access to healthcare. Recommendations from a regional Santé publique study, commissioned by the Holland Centre, provided the springboard for change.

“This was the first study of its kind here,” says Richard Walling, Holland’s executive director. “It was based on interviews with people who had tried to seek help within the system. Their responses provide a portrait of what was actually available to anglophones, and where there were gaps. The beauty of this study was that it went beyond research into providing practical solutions to bridge those gaps.”

The central thrust of the researchers’ recommendations was that Holland, because of its role of providing frontline services for the English-speaking population, should be the core around which existing mental healthcare services are coordinated and new care organized.

To better handle that responsibility, Holland has boosted its professional staff to create a new multi-disciplinary team to deal with client needs. In the longer term, its merger with Saint Brigid’s Home will broaden the scope and depth of that approach.

“What’s missing is a consistent medical component,” says Walling, “but we hope to soon build that into the structure. The study was a catalyst for us because we partnered with the public service, and that has heightened our credibility.”

Vision gets its volunteers

As part of its quest to improve healthcare services to the region’s anglophones, Vision Gaspé Percé Now decided that a solid army of volunteers was needed. From a base count of zero last year, Vision can now rely on 43 volunteer workers to help in the community.

“We tried several methods of recruiting,” says Cynthia Patterson, “but found that direct phone calls and small meetings were the best. One of our best selling points was to allow for volunteers to set their own availability times, rather than tell them when they should be available. Apparently some people had had a bad experience in that regard before and they welcomed our more flexible approach.”

QCGN promotes research

The Quebec Community Groups Network (QCGN) has developed a new program to further research on English-speaking Quebecers. The goal is to compile, and make available, demographic data and resources essential to the future development and well being of English-speaking communities.

“We’ve developed an online network for researchers interested in the English-speaking community to connect with each other and share their findings,” says Martin Murphy, QCGN president. “We’re setting up an online ‘virtual’ resource base that will review different approaches to community development and look at issues that can, and do, affect our communities. We’re also designing a study on the changes experienced in our communities to develop positive scenarios for future development.”

Kit helps service providers deal with homosexuality

A resource kit on sexual orientation developed by the Montreal Santé publique is now available in English. Designed to help youth workers handle questions of homosexuality, it has been used in French schools and could be useful to anglophone parents and organizations delivering services to young people. It is part of a training program offered by the government.

Batshaw Youth and Family Services has adopted the kit for its youth workers. “Dealing with the question of sexual orientation can cause discomfort for some people,” says Lynn Dion, Batshaw resource person on STI/HIV prevention and sexually related issues. “Like racism, homophobia might be muted, but it does exist and can create obstacles to access to services.”

Studies have shown that young people who are questioning or having issues with their sexuality are at high risk for depression – their suicide rate is six times that of the general population. “It is imperative that frontline workers – and parents – be able to help these troubled youth develop a positive identity,” says Dion. “In the long run it is very important to their mental health.”

The kit itself contains a variety of resource materials that include activity guides on holding individual discussions and group awareness sessions. There is also information to help parents to understand and support children questioning their sexual orientation.

Information on the program is available at www.santepub-mtl.qc.ca.

Saint Brigid's turns 150

Saint Brigid's Home, a long-term-care facility in Quebec City, is celebrating 150 years of service to the region's anglophone population. Founded in 1856 by a local parish priest, Saint Brigid's Asylum, as it was then known, took in destitute women and orphans. It was run by the Grey Nuns from 1877 to 1944, when they were succeeded by the Sisters of Charity of Halifax. Saint Brigid's continued to shelter children until 1971 when its prime purpose became senior care.

Saint Brigid's today is a 162-bed public institution that is designated to offer services to the English-speaking population. Half of its residents are anglophone, as are all of its home care clients.

In partnership with the Holland Centre, it now also provides a range of community support and day services for seniors wishing to live at home. As part of that partnership, Saint Brigid's coordinates all frontline regional healthcare services to anglophones of all ages.

In 2002, Saint Brigid's became formally associated with the Jeffrey Hale Hospital through a common board of directors and management structure. Louis Hanrahan, Saint Brigid's executive director, now manages both institutions. They are scheduled to be officially merged some time this year.

Saint Brigid's is currently constructing a special Memory Garden, the first of its kind in the region. The garden is designed to provide its senior residents with a safe and calm environment in which they and their visitors can relax.

CCS pilot points up need for seniors' transportation

A recent study by CCS (Catholic Community Services) on improving transportation for Montreal seniors illustrated that the need was even greater than anticipated. "Demand was absolutely overwhelming," says Zenny Bryniawsky, CCS executive director. "Now we have to develop broad community planning to meet those needs."

CCS has been running a pilot transportation project at its three seniors' centres for the past two years. Its concern was that many seniors living at home were missing out on social and recreational activities and tending to such personal needs as grocery shopping or banking. Offering them a variety of transport options proved to be the answer.

Volunteer drivers were central to the program in that this was the most reliable way for seniors to get to their medical appointments. Taxis were an expensive but essential backup option. It was a minibus, however, that posed the greatest potential for expanded use. It was determined that when regularly filled, with a minimal contribution from each senior rider, the minibus can be self-supporting.

"We can see where these services have contributed significantly to helping our seniors maintain a good quality of life," affirms Bryniawsky. "We would like to broaden this service to all seniors who need it. That will require more government support and coordination with other community organizations."

CASA hosts health forum

The Committee for Anglophone Social Action (CASA) initiated an impressive gathering of healthcare service providers and community representatives in January. The 140 attendees, half of whom were francophone, were there to discuss ways of bettering access to health care services for English-speaking residents of the Gaspé region.

Cynthia Dow presented major findings from a needs assessment conducted by CASA. It defined an anglophone community with a high proportion of aboriginal residents that is, socio-economically, very vulnerable. Some services are non-existent in English; others are weak. Much needs to be done. "The task is huge," said one CSSS director general, "but you eat an elephant one bite at a time."

AMI-Québec helps family

In addition to its long-standing program of holding group sessions for families of mentally ill persons, AMI-Québec is now also providing support to families going through a crisis situation on an individual basis. Its SOS-Famille, launched by the Montreal-based agency last spring, is filling a serious need.

"A group setting is not always appropriate," says Ella Amir, AMI executive director. "For instance, if a mentally ill person refuses treatment, that creates an additional burden on the family. We work with them privately to help resolve the problem. And we offer help as soon as it is needed. With the current restructuring and uncertainty as to who does what in the healthcare system, it's a program of greater importance than ever."

Trans-regional transfers under study

Six community organizations across Quebec's eastern coast have joined forces to assess the transportation and lodging needs of anglophones who must leave their region to receive specialized health care. Researchers are gathering information on patients' experiences and impressions, the practices of professionals who arrange patient transfers, and the services and English capabilities of the patient treatment institutions.

Kate LeBlanc is coordinating research for CASA in the Baie-de-Chaleur region. "We're all dealing with the same 10 healthcare institutions," says LeBlanc. "One of our goals is to build bridges and improve contacts between them and our organizations."

Number one focus is the patients. "We already know about most of the problems they face," says LeBlanc. "For instance, we are aware that while the service itself is not bad, there's little or no English used. Getting that fact on paper, though, will have an impact. We want it to mobilize the community."

Puzzle makes it easy

The Quebec Learners' Network (QLN) is launching a new Website on learning disabilities and attention deficit disorders. It is called The Learning Puzzle because it consists of "bite-size learning pieces" that provide information, strategies and support for parents and teachers to cope with these problems. It is easily accessible even for dial-up Internet users. The site can be accessed at: www.TheLearningPuzzle.net.

Caregivers turn to telephone conferencing

A Montreal-based telephone conferencing program for caregivers has proven to be so successful that provincial networks are now being organized. Set up in 2004 by the Foundation for Vital Aging, and managed by the CLSC René-Cassin, the Care-ring Voice brings caregivers together by telephone for mutual sharing and support. Calls are facilitated by volunteers and trained professionals.

"So many callers were asking for immediate assistance," says project manager Mark Stolow, "that we set up a toll free referral line (1 866 396 2433) to direct them to available resources. We've also been holding workshops run by professionals with special expertise on issues concerning caregivers' needs.

"We've recently provided our technology and training to the Alzheimer's Society and the Multiple Sclerosis Society to host their own telephone conferencing projects," Stolow says. "With the interest that other health service organizations have shown, there will soon be other Care-ring Voice networks across the province."

CHSSN News

The CHSSN has prepared a proposal for a \$3.4 million extension of its Primary Healthcare program. The original two-year program came to a close on March 31. "This second phase would continue the work done so far," explains Jennifer Johnson, executive director. "In particular, it would reinforce the long term viability of the project."

The CHSSN

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

The CHSSN's objectives are to:

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

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

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