

Accreditation to open up access

Efforts to improve access to health and social services for English-speaking Quebecers have been singularly successful. Major gains have been made on many fronts. But something more is needed now: an official and credible means of ensuring that linguistic accessibility is an integral part of health care delivery.

That is why CHSSN is partnering with the Quebec's Ministry of Health and Social Services to eventually introduce accreditation procedures to implement linguistic standards. This project has brought together Accreditation Canada (AC), through which every Canadian hospital and any institution linked with them must be accredited, and the Conseil Québécois d'Agrément (CQA) under which all provincial public sector establishments must also, by law, be accredited.

Quebec in lead position

"Our Health and Social Services Ministry is taking a very frontline approach on this," says **Ghyslaine Prata**, CHSSN's representative on the project. "That it has taken such a supportive position on linguistic equality is very exciting for us."

The basic goal of the project is to ensure that reliable information is available on linguistic accessibility. "Right now, we lack objective and accurate data for assessing and revising our access programs," Prata explains. "It's essential to evaluate

outcomes so that we know the priority issues for ensuring access."

Experts get together

Two committees of experts have been set up to develop linguistic standards and evaluation criteria. "Our Quebec committee will be ensuring that national norms respect the language legislation in place here," Prata explains. "And they'll have to reflect the monitoring structures that we have and other provinces don't, such as access committees and access programs. National standards will be very positive for what we're doing here."

The national committee of experts will establish norms for all of Canada, with the Société Santé en français partnering on behalf of French-speakers outside Quebec.

Recommendations coming

The committees will be making recommendations as to how and when healthcare institutions must meet the new standards. "We'll be testing our Quebec standards at two establishments," says Prata, "so that when the national committee brings in its proposals in December 2015, we'll be in a position to react and make any necessary adjustments for the Quebec accreditation process which is scheduled to be introduced in March 2016."

This pilot project is being funded by Health Canada. □

CHSSN in action

CROP survey: The CHSSN will be sponsoring its third CROP survey in March 2015. "This survey is one of our most robust ways of taking the pulse of the English-speaking population," says Jennifer Johnson, CHSSN executive director. "It's a very important tool for measuring our progress in improving access to health and social services."

Youth, schools and community cooperation is the theme of a new initiative by the CHSSN. Strategies for mobilizing partnerships and promoting health in schools are covered in a new publication launched in October. (pages 4 and 5)

2013-2014 Baseline Data Report on the English-speaking population of Quebec has been released. The key feature of this eleventh update is that, for the first time, it presents pertinent data at the CLSC level. (page 3)

Adaptation programs with public health and social services institutions have been given the go-ahead by the Ministry. Sixteen new programs to improve access to their services in English will be introduced over the next four years. (page 3)

Investment priorities have been drawn up for the CHSSN's operations over the next four years of federal funding. They cover continuation of work in four traditional key areas as well as for two new special projects. (page 2)

Digital health passport: The CHSSN has developed an electronic version of the highly successful "health passport" developed to assist anglophones in communicating with public service providers. (page 2)

Budgeting for the future

While renewal of Health Canada's financial support for English healthcare access programs in Quebec for another four years was warmly welcomed, program adjustments did require some retooling of CHSSN's allotment of those monies. The federal funding – \$22.2 million – will continue to be directed at four key areas: community networks, health promotion projects, adaptation of health and social services in the public sector, and knowledge enhancement projects. Part of the envelope is being directed to two special new projects.

A major factor affecting CHSSN budgeting for the next four years was that there was no increase in funding from the previous federal envelope to handle any program expansion. Fortunately there was no decrease, although a near year-long gap in delivery of funds did affect the setting of investment priorities for 2013-2018.

“The most important change in our budget allotment,” says **Jennifer Johnson**, executive director, “is that we have a new network to support, without additional monies in the federal grant. So all our expenses had to be re-aligned.

“This re-organizing of monies did affect the amount available for our health promotion program and networks support to a certain extent,” Johnson admits. “But we really wanted to bring onboard a 20th new network, ECOL. The people in Lanaudière have been working so hard and struggling in a huge territory with very little financing for nearly two years. Now

CHSSN investment priorities 2013-2018

Community networks: \$10 million

With the entry of ECOL (the English Community of Lanaudière) there are now 20 NPIs to foster and support.

Health promotion programs: \$3.4 million

Enhancing knowledge program: \$1.8 million

Adaptation of health and social services program: \$6.5 million

Special projects: \$0.5 million

they have resources to solidify their place in the community.”

The largest portion of the federal grant, \$10 million, is to be invested in NPIs, the 20 English-speaking community networks, to support their activities in promoting access to English-language services. The Adaptation program, by which public healthcare institutions adapt existing services to the linguistic needs of the English-speaking community, receives \$6.5 million. Health promotion and prevention activities are allotted \$3.4 million.

Research on the health status of English-speaking communities will be supported with a grant of \$1.8 million. Two new special projects are supported with \$0.5 million. One involves development of standards to ensure linguistic accessibility in health and social services; the second will assess the effectiveness of interpreters in providing services in English. □

Meeting Mohawks

A mutually interesting exchange of ideas took place on the Mohawk Kahnawake reserve in October between the Quebec First Nations Health Coalition and directors of CHSSN member organizations.

“It was the first time our groups had ever sat down together,” says **Jennifer Johnson**, CHSSN executive director. “It was an amazing opportunity to discuss the kinds of challenges we’re both facing and the solutions we have been developing.”

They found much in common. “In spite of cultural differences, many of our concerns were similar,” Johnson explains. “In particular, our quest to have our communities’ need for English services respected was a top priority. And we’re equally concerned with educating our youth in health and social services fields in hopes of retaining them in our own communities.” □

Passport app online

The paper version has been such a success, the new electronic version of the Health Passport developed five years ago by MCDC should prove to be a winner as well. CHSSN has created a passport app that can be downloaded onto mobile devices. It can carry information on the user's personal medical history, as well as a bilingual lexicon of health and medical phrases. By adding a list of local services and their own promotional material, community organizations can post this app on their own websites as a publicity vehicle. It is now available at: www.chssn.org. □

Public partners prepare new projects

With Quebec cabinet decree approving renewal of the CHSSN-sponsored health services adaptation program, the province's health and social services establishments are again re-tooling their delivery programs to improve access for English-speaking Quebecers. With \$6.5 million from Health Canada, 16 new projects will be introduced by public healthcare institutions over the next four years. This program will again be based on collaborative efforts between anglophone community networks and their public partners at the provincial, regional and municipal levels.

"It's important to stress that this collaboration is not about creating parallel systems of service," affirms **Jennifer Johnson**, CHSSN executive director. "It's to find ways to adapt and enhance existing services for more equitable access in English. When we started this program six years ago, some of the public institutions were wary of working with the English-speaking organizations. Now they speak proudly of the progress made with their community partners."

Success stories abound

Some interesting projects have come out of these partnerships. Thanks to the joint efforts of the CSSS Gatineau and the Connexions Resource Centre, English-speaking seniors in the Outaouais region can attend informative workshops on two serious problems affecting their health: serious falls and diabetes.

An accompaniment service set up at the Sept-Isles regional hospital for English-speaking patients with

little or no French from across this northern region has made a major difference by providing them with information about treatment related to their health care needs.

In the Chaudière-Appalaches region, using the idea presented to the regional Agency by MCDC, badges identifying which hospital workers speak English are now worn in all CSSSs and other key establishments across the region.

L'Estrie boasts a long tradition of supporting better access to healthcare services for English-speakers. Sherbrooke University Hospital has strengthened that support with online information in English that prepares patients for various medical procedures.

Support from Quebec

The Health and Social Services Ministry is an enthusiastic supporter of the program. Says **Jean-Philippe Vézina**, coordinator of the Secretariat for English-language Services Access: "Our participation in the adaptation program has contributed to the development of a significant partnership between the public establishments and the anglophone networks. And this has permitted introduction of innovative models of service organization, to offer more services to English-speaking Quebecers."

Johnson adds: "Happily, we've also been assured that the pending restructuring of Quebec's health system will not affect these new projects, that their implementation will be carried forward under the new regional agencies." □

New stats are special

The CHSSN has just released its eleventh Baseline Data Report (BDR) on the province's English-speaking population. Designed to assist the anglophone community networks in developing evidence-based programs with their public partners, these sociodemographic data also serve to inform funders about the particular needs of the community, to build a case in their application for funding.

The BDR draws upon the National Household Survey and the 2011 census. So it is the most up to date material available. This edition is particularly noteworthy because it not only covers data from the 72 CSSS territories but, for the first time, includes pertinent information from 83 CLSCs.

For example: while the population of greater Montreal is 35 percent English-speaking, at the level of the CSSS de la Montagne that concentration rises to 50 percent. The anglophone population served by its downtown CLSC Métro is 68 percent of the total, the highest concentration in the CSSS territory.

Since its inception, development of the BDR series has benefited from a close collaboration between the CHSSN and the Official Languages branch of Canadian Heritage. The federal researchers cite the CHSSN as "a valuable partner in data gathering and research that has been key to develop our understanding and support of Quebec's English-speaking communities." □

The BDR is available at: www.chssn.org.

Framework for the future health of anglo youth

A blockbuster of a brochure that was launched in October by the CHSSN should have a major impact on the future health and wellbeing of anglophone youth in Quebec. It's called Partnering for the wellbeing of minority English-language youth, schools & communities. Essentially, this document sets out a strategy for promoting health in schools. It is based on the past experiences and future aspirations of English-speaking health and social services networks (NPI) across the province.

“Our health networks have had health promotion programs running for quite a while with schools and the Community Learning Centres (CLCs),” explains **Russell Kueber**, CHSSN projects coordinator. “The focus has always been on partnerships – among our community organizations, schools, families and local service providers. This new brochure is designed to provide a framework for these and future relationships.”

Situation warrants attention

Recent sociodemographic studies commissioned by the CHSSN have unveiled some disturbing facts about anglophone youth in Quebec. There is a rising wave of mental health problems and psychological stress, higher levels of depression and anxiety. Obesity is an increasing concern. Yet access to health information among young English-speakers is at disturbingly low levels.

They face external challenges as well: coping with cultural and racial diversity, with language barriers, with the prospect of low income or

unemployment. There is an overall sense of exclusion. How to tackle such a dire situation?

Work has already begun

This new publication is meant to guide stakeholders into the type of action that will have a positive impact on the wellbeing and educational success of anglophone youth, on their schools and on their communities. It describes some particularly successful health promotion initiatives already undertaken in different regions of the province.

“The focus has always been on partnerships.”

Three pilot projects steered by NPI/CLC partnerships stand out. Students, their families and school staff participated in the 5-30 Health Challenge, a provincially-sponsored health promotion campaign aimed at encouraging physical activity and nutritious eating. MESA, a program teaching resiliency skills was adapted to the particular needs of English-speaking students, to assist them to persevere and thrive in a minority community. Fun Friends, a series of workshops training in resiliency skills and improved mental health was introduced in several schools.

Positive case studies illustrate positive outcomes: increased physical activity in the Outaouais; special needs children activities in Quebec City; on the Lower North Shore, involvement of youth in making positive lifestyle choices; a physical fitness program in La Tuque; a school garden in Verdun.

Future builds on past

“The new wellbeing framework is actually a strategy that is already embedded within CHSSN’s broader community mobilization model,” explains Kueber. “One of its prominent elements is health promotion which focuses on bringing partners together to target youth, children and families.”

There is another dimension to creation of community partnerships under the wellbeing framework. That is the awareness it creates among other organizations of the issues facing youth. It also encourages youth-led activities, parent engagement and community volunteerism.

“The whole idea is to approach the wellness challenge strategically,” says Kueber. “We have presented a wellness model that contains four

“It’s embedded within our broader community mobilization model.”

basic strategies that together form a systematic approach for anglophone schools to use: increase awareness of resources available, promote healthy life styles, offer a whole school and community approach, and encourage young anglophones to persevere.”

LEARN as partner

The CLC initiative, the CHSSN’s longtime partner and collaborator on this new framework, has now been integrated into LEARN (Leading English Education and

Resource Network). It is still directed by **Paule Langevine**, who founded this initiative six years ago. And although they will no longer be actually based in the schools, the CLCs will continue to operate.

“We’ve moved from the CLC being a physical place to a concept that can be adopted by all schools,” says Langevine. “We have 37 CLCs now, but some cover more than one school, so we’re involved with some 50 schools in the province. We’ll be expanding our mandate to run satellite CLCs at other schools.”

“This strategy is particularly important for a minority community in strengthening its vitality and visibility.”

That is a prospect welcomed by the CHSSN. “We want to continue our past partnership with LEARN,”

says Kueber. “Working together has been extremely important in helping to bridge education and health together as a way to look at common issues.”

In some regions, deep relations have developed between the NPIs and the CLCs. “They work really well together,” Kueber affirms. “So it’s part of our strategy to embed health promotion in a way that strengthens the CLCs and other school efforts down the road. We also have to be prepared to intervene at the school level even where there is no CLC connection.”

What comes now?

The NPIs will be blending this framework into their community mobilization model of operating, using it as a guide to support them in their continued efforts to

improve health. The CHSSN will provide technical and administrative assistance and hands-on support. “This model has now become indispensable to our brainstorming and planning sessions,” Kueber affirms.

“It makes the link between educational success and improving student health status.”

“The major importance of this framework brochure,” says Kueber, “is that it starts to formally establish CHSSN’s role with regard to health promotion and intervention in the education milieu in schools. That’s really exciting for us.” □

The framework guide is a joint collaboration of the CHSSN, the Community Learning Centre Initiative (CLC) and LEARN (Leading Education and Resource Network). It is available at www.chssn.org.

Building boats, building the future

How do you encourage students living in socioeconomically deprived homes to succeed in school and create hope for their future? Well, if you have enough imagination and determination and a full-blown case of community support, you have them build boats. That novel and promising scenario is being played out in a small town in the Gaspé. It could well have far-reaching results.

In January, students at the New Carlisle High School will begin a boat-building project that goes far beyond hammers and nails. It will reach into every aspect of their education. And it involves all sectors of the community: the school, citizens’ organizations, businesses and municipal administrations.

This original venture was the brainchild of **Anthony Beer**, elementary teacher and sometime sailor. “It started when I took my fifth-graders for a walk on the beach, and one fellow picked up seaweed and asked what it was. I was so struck that someone living in a maritime community could be so isolated from his environment.”

“If there was ever a fine example of how this wellbeing framework can work, this is it.”

Research brought Beer to the idea of boatbuilding as a way to teach and involve students in an exciting way. “They’ll build a three-person dinghy and restore a smaller one,” Beer explains. “The sailing club will oversee construction and

teach sailing and water safety. The municipality is building a dock.

CASA is lead project promoter. “Anthony approached us because of our long history with schools and our large network of partners,” says **Roberta Billingsley**, community development manager. “We helped put his idea into an action plan and set up evaluation procedures. This really is a case study for CHSSN’s new wellbeing framework.”

“There’s something of this project for everyone at every grade level,” says Beer. “In science class, they’ll work on tide charts and wind; in math, measuring boat components; in geography, the local environment; young kids will take photos to create a diorama. Everyone’s so excited!” □

A fantastic fair

“It’s already become an annual event!” **Colin Coole**, executive director of A.R.C. (Assistance and Referral Centre), enthuses over the highly successful health promotion fair held on November 1 in Brossard. Over 600 people from across the Montérégie were attracted to this first-of-its-kind event to be held on the South Shore.

“It was such a success on so many fronts,” Coole affirms. “The participation of our community partners and the enthusiastic crowds who came were truly gratifying. Our special guests weren’t too bad either: **Margaret Trudeau**, our keynote speaker, and Health Minister **Gaëtan Barrette**, a prominent – and highly interested – visitor.”

The fair’s organizing committee was drawn from among ARC’s regional partners. South Shore Community Partners, the Townshippers Association, and the South Asian, Chinese, and English School boards were among the planners.

“We had 37 kiosks from public establishments and anglophone organizations,” says Coole. “Four workshops were each attended by at least 40 people. Response was so enthusiastic that all the participants want to do it again next year.

“The Minister spent almost two hours with us,” says Coole, “so he was exposed to a lot of information about anglophone communities. He wasn’t scheduled to speak, but decided to reassure us that in the upcoming restructuring of the health system, services in English will continue to be respected. A great moment in a fantastic day.” □

Building resistance to stress

A groundbreaking new project aimed at improving the mental health of vulnerable English-speakers, as well as the professionals who serve them, is just under way. AMI-Quebec has received a grant from Health Canada to coordinate the three-year, three-partner project that will address three distinct populations. AMI is concerned with caregivers of mentally-ill persons and their service providers; Youth Employment Services (YES) will address the stresses experienced by unemployed youth; and the Cummings Jewish Centre for Seniors will work with homebound seniors and older adult family caregivers.

“This project is based on resiliency building and prevention training,” explains **Ella Amir**, AMI executive director. “It’s an approach that has been proven highly successful in dealing with children’s stress issues, both here and inter-

nationally. We’re adapting the same principles to help other vulnerable people.”

An important part of the project is to develop programs of support for community organizations and their volunteers. “They need to be strong in their coping strategies,” says Amir. “Working with fragile people with mental health problems, they can suffer from stress as well. So we’ll be helping staffers in developing and evaluating best practices in their work.”

As well as in person, the project will deliver resiliency enhancing activities through distance learning. “This will give us a much broader base from which to determine the long-term efficacy of this type of program,” says Amir. “There will be a thorough evaluation at the end of three years to measure the direct impact of the program on clients and personnel.” □

Eating makes it better

There was rosemary beef stew, cole slaw and carrot cake. Prepared from their grandparents’ recipes by eight kids from grade 5. And they all want to do it again.

This first in a series of communal meals, labelled Culinary Traditions, was held in the kitchen of Rawdon Elementary School on November 14. Funded by Canadian Heritage, the project was organized by ECOL (English Community Organization in Lanaudière) and local community partners. It is meant to foster inter-generational relations and boost community spirit.

“The idea is have kids interview their grandparents and bring back stories of their past, of special meals and recipes they remember,” says **Michelle Eaton-Lusignan**, ECOL executive director. “Then the kids get together in kitchen workshops with senior volunteers to learn how to make these heirloom recipes.

“We encourage them to bring their grandparents along,” says Eaton-Lusignan. “If they don’t have grandparents, we’ll lend them some. And by the end of the school year, they will have made a cookbook with the seniors’ stories.” □

Camp gets new look Food and fun make a good mix

Changes are coming to Camp Garagona. This summer haven in Frelighsburg has been welcoming intellectually disabled and autistic persons since 1970. Over the next two years, a much awaited renovation program will not only expand the facility, but will increase its clientele as well.

“The Butters Homes Foundation purchased the camp two years ago,” explains **Ron Creary**, executive director, “and since then we’ve been raising funds for an upgrade. We now have \$2.9 million, enough to go ahead with expansion.”

Garagona has been able to serve over 350 campers each summer – some have been going for over 20 years – and offers respite services on weekend and holiday periods during the off season. Renovation of the existing buildings will allow for year-round use. It will also be able to welcome some new clientele.

The camp structures will also be more architecturally barrier-free in consideration of those campers who are aging or those with physical frailties. And the new configuration will allow for the admission of campers with severe behavioural problems that have kept them out of such camps in the past.

The camp offers a variety of recreational activities, but the big emphasis is on art. “Garagona is the only Quebec camp that spends most of its activities in arts,” says Creary. “Art is a very interesting milieu for disabled people; everybody can get involved. That’s why a major part of the Garagona expansion includes a brand new arts building.” □

Children living in stressful family situations, themselves suffering high levels of stress, are often left to fend for themselves. Not so in Laval where AGAPE has taken a light approach to helping some of their young people ‘get away from it all’.

“We designate one night a week for Children’s Time, with supper and activities for children living in stressful situations at home or in a shelter,” explains **Kevin McLeod**, executive director. “We started this program last year as an offshoot of a support group for women who are victims of domestic violence. While mothers attend their support group meetings, we help the kids to relax and make friends.”

Seniors on the scene

There is an interesting new project under way in the Outaouais region that is mobilizing senior volunteers in preserving and promoting local heritage and culture. An initiative of Theatre Wakefield, the end result will be a multi-media piece of entertainment that will be seen across the region.

“This is a double-duty project,” says **Peter McGibbon**, president of the English-language Arts Network (ELAN). “We’re promoting the participation of seniors in mentoring people of all generations and, at the same time, we’re interesting a new cohort of seniors in active aging through volunteering.”

The volunteer seniors who have been researching historical stories are working with young volunteers to get their material onto the stage.

Children attending the suppers, whose ages range from four to 12, get what they like to eat, especially food they might not get at home. After supper they do arts and crafts and play games together. “We have the same activities for the whole group,” says McLeod. “What makes this interesting is that the older kids take the younger ones under their wing and they learn to work together as a team. This is especially valuable for siblings.

“Our ultimate goal for these evenings,” says McLeod, “is to make them feel better going home than when they came in. We know that it’s working because there’s a lot of positive feedback.” □

The troupe is developing and will dramatize a series of lively vignettes that explain the region’s collective cultural heritage. These will be put onto touchscreen images for installation in the local heritage centre and on DVD to be distributed to other groups in the region. A full scale theatrical review will go on tour next summer.

“This is a very good example of collaboration between different sectors with a common vision of improving the vitality and wellbeing of an English-speaking community,” says **Danielle Lanyi**, executive director of Connexions, the region’s anglophone community health network. “A strong social network does impact on health outcomes. We’ll be promoting the show, and hope that it will help us attract volunteers for our activities.” □

A CSSS with class

Kate Murray, NPI coordinator for the Townshippers Association in Montérégie East has only words of praise for that region's health and social services centre. "The CSSS La Pommerai has been a leader in promoting the health status of the English-speaking community," says Murray. "They've just completed their own research identifying the most vulnerable among us – young families – who require attention.

"It's interesting that their results parallel our own," says Murray. "And that this is a group that thinks outside the box. They'll be using minibuses to bring vaccination clinics to where at-risk anglophone parents feel comfortable bringing their children." □

Seniors count

The most recent research on Quebec's English-speaking seniors highlights their basic needs and priorities. Co-sponsored by the Quebec Community Groups Network (QCGN), one of the key findings was that their language situation strongly affects how anglophone seniors fare.

Some 94 percent of responders reported that receiving public services information in English was important. Although half claim to speak French, nearly 70 percent feel their ability to realize their full potential is curtailed by language barriers. Such concerns as access to health and social services, adequate living arrangements, social isolation, and the burden of caregiving are widespread. The full report is available at www.qcgn.org. □

CHSSN News

The Quebec Community Health and Social Services Foundation is providing administrative assistance to Seniors Action Quebec in preparing proposals for funding.

The Institut nationale de santé publique du Québec (INSPQ) is conducting another series of epidemiological studies of the English-speaking population of Quebec. Funded through the CHSSN, this research will probe factors influencing life expectancy and mortality rates.

Mary Richardson, CHSSN's consulting demographer, will be developing portraits of five more English-speaking communities.

New NPI members

Seniors Action Quebec (SAQ), a province-wide association of English-speaking seniors. Its role is to promote the welfare of its members through raising public awareness and influencing public policy on senior issues.

ECOL (The English Community Organization of Lanaudière) is the 20th organization to join the CHSSN network of community networks.

New NPI appointments

Lisa Agumbar, executive director, 4Korners

Tiffany Callendar, executive director, ACDPN

Michelle Eaton-Lusignan, executive director, ECOL

Kevin McLeod, executive director, AGAPE

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The CHSSN

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

The CHSSN's objectives are to:

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

For more information on the CHSSN, visit the website or contact us at:

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