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RÉSEAU COMMUNAUTAIRE DE
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Including Vulnerable English-speaking Minority Communities in Quebec's Health Promotion and Prevention Strategies

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Including Vulnerable English-speaking Minority Communities in Quebec's Health Promotion and Prevention Strategies

About this brief

Quebec's *Provincial Health Promotion and Prevention Strategies Consultation 2025* acknowledges the importance of improving the identification of individuals and groups who are facing the impact of health inequalities and encouraging their participation in the co-construction of solutions adapted to their realities. Responding to communities that face barriers in accessing prevention programs and reducing the risk factors that promote the onset of disease or injury lowers not only the overall demand for care and services but, specifically, the rate of demand for the more costly medical interventions that occur when prevention has been neglected. Mobilizing Quebecers around an intensified prevention approach that is adapted to local realities results in a more efficient health care system and improved health outcomes for the entire population.

Despite Quebec's overall recent progress in reducing preventable deaths and improving life expectancy, inequalities in access to the public health resources and life conditions that promise physical and mental well-being persist among certain sub-populations. This brief addresses the situation of Quebec's English-speaking communities and recommends actionable solutions for a better adapted, more inclusive and effective, health promotion and prevention approach.

About CHSSN

The Community Health and Social Services Network (CHSSN) is a non-profit provincial organization dedicated to improving the health and well-being of Quebec's English-speaking communities. CHSSN has an implementation agreement with the Quebec Ministry of Health and Social Services (MSSS) through which regional and local community health networks collaborate with health and social service providers and related partners to build community and institutional based partnerships and projects. CHSSN and its 65 member organizations work to facilitate the integration and participation of English-speaking communities in initiatives and programs offered to the majority linguistic community through the public health system. They have twenty-five years of experience in building knowledge as well as stakeholder trust as authorities on the state of English speakers in the health sector.

The Current Situation of Quebec's Vulnerable English-speaking Communities

Socioeconomic Status

When socioeconomic status is viewed through a language lens, the disproportion of English speakers living in vulnerable circumstances, both in terms of income and unemployment, is underlined. This is associated with a greater likelihood of health problems and greater reliance on Quebec's public health system.

- **Income and poverty:** According to 2021 Census of Canada, 269,805 of Quebec's 1.25M English speakers aged 15 and over earned an annual income of less than \$20,000. This accounts for **25.7%** of this population, a much higher proportion of low-income earners than observed in the French speaking majority (**19.9%**) in the same age group. When it comes to the low-income cut-off (LICO), we find that, in 2021, **12%** of English speakers lived below LICO compared to only **7%** of French speakers. For both the minority and majority language group living in Quebec, the tendency to live below the low-income cut-off had declined between 2016 and 2021. but the relative gap between English speakers and French speakers has grown over this period.

- **Unemployment:** The 2023 report of the *Provincial Employment Roundtable* (PERT) using the 2021 census tells us that English speakers are more likely to have precarious employment such as work in a temporary position or work involving fewer average weeks. They are more likely to work part-time compared to French speakers. With respect to unemployment, while the provincial average for French speakers has remained the same over the 5 years between the censuses (2016 and 2021) at **6.9%** it has increased by **2%** for English-speakers going from **8.9%** to **10.9%**. In 2021, the unemployment rate for English speakers is also higher than that of Francophones in every region of Quebec. The gap in the 25-44 age group was even higher. In 2016 there was a **2.8%** difference between Anglophones and Francophones (**8.5%** ENG vs **5.7%** FR) and in 2021 that gap spread to **4.6%** (**9.8%** ENG vs **5.2%** FR.) Clearly, this younger half of the English-speaking population is not faring as well.
- **Children, youth and seniors:** In Quebec there were 69,820 English-speaking children aged 0 to 5. Of these children, 6,360 (**9.1%**) were living below LICO. This proportion was much higher than that displayed by the French-speaking population (**4.7%**). According to both the 2017 and 2022 results of the *Enquête québécoise sur le développement des enfants à la maternelle* (EQDEM), irrespective of the level of socio-economic disadvantage, English mother tongue compared to French mother-tongue children were more likely to display vulnerability (developmental delay) in at least one dimension of development. In 2021, among 15-to-24-year-olds, **19.4%** of anglophones were living below LICO compared to **9.1%** of Francophones the same age. According to the 2021 census, **13.5%** of English-speaking seniors (65+) live below the low-income cut-off compared to **9.5%** of Francophone seniors.

Mental Health and Health Information

- **Mental health:** Inequalities in access to mental health literacy, promotion and prevention initiatives as well as diagnosis and treatment are now longstanding. **“There is perhaps no other health area where diagnosis and treatment is as dependent on language and culture.”**¹ Support services and campaigns for conditions like anxiety and depression or suicide outreach rest upon effective communication. A substantial and compelling body of international research demonstrates that the reduction of language barriers increases participation in prevention activities; encourages timely presentation for care; reduces risk of misdiagnosis; improves patient understanding and adherence to prescribed treatment; improves rate of treatment success and improves overall trust in health authorities and the health system.²
- **Information from the public health system:** Among 3,500 English speakers surveyed in 2023 only **36%** responded “yes” to receiving information about public health promotion or prevention programs from public authorities in the previous two years. Among survey respondents 65+ only **25%** responded “yes”.³ While Quebec’s minority language population is highly bilingual, only half of English-speaking seniors can speak French. This is compounded by the fact that patients, regardless of age and competency in their second language, are not comfortable using their second language under the duress of medical intervention and fear of possible communication error.

¹ Bowen, S. (2015) for Société Santé en Français (SSF). *Impact of Language Barriers on Quality and Safety of Healthcare*, p. 17. <http://santefrancais.ca/wp-content/uploads/SSF-Bowen-S-LanguageBarriers-Study-1.pdf>

² Ibid., p. 35-36.

³ CHSSN. (2024). English-language Health and Social Services Access in Quebec. Comparison 2019-2023. P.108. <https://chssn.org/documents/english-language-health-and-social-services-access-in-quebec-2023-2019/>

Preventive Actions Already in Place to be Continued and Strengthened

The opportunity for collective action to improve the rate of participation in health and promotion strategies and reduce the risk factors that promote the onset of illness and injury is available.

- A strong, long-standing, community sector targeting the diverse local realities of 1.25M citizens exists, but is unacknowledged, underfunded and underutilized by government stakeholders. At both provincial and regional levels there are networks mobilizing communities to act on their situation.
- The case of CHSSN and its networks in Quebec is a documented model of best practices in intersectoral collaboration and solutions designed to better target local diverse realities in improving health services.⁴
- Initiatives exist including government stakeholders, civil society organizations, and citizens, but a greater voice is needed in government consultations that directly impact the future of the planning and investment in existing and successful Quebec organization, dedicated to English-speaking communities across the province. These organizations are engaged with their communities and have earned their trust, understand their health promotion and prevention needs and are already in the business of reducing risk factors that are not only costly in terms of system investments, but also in terms of the length and quality of life of its users.

Conclusion and Recommendations

The opportunity to reduce current health care demands via the inclusion of vulnerable English-speaking communities in Quebec's health promotion and prevention strategies is at hand. Building on its proven record in developing community capacity and fostering intersectoral collaboration would improve the overall performance of Quebec's health system and, in so doing, benefit the entire population. Specifically, it is recommended that the health authorities:

- Learn from successful health promotion strategies that have included linguistic minorities and expanded the reach of risk reduction actions and build on their proven success;
- Enhance accessibility of existing health promotion and prevention services by offering in both English and French, particularly in rural areas;
- Adapt existing health education materials to fill the gap in English information and modify outreach campaigns to increase participation by English-speaking system users and thereby reduce their reliance on costly, delayed, critical care;
- Foster partnerships and collaboration between government stakeholders, community sector organizations serving Quebec's English speakers and local citizens.
- Identify Quebec's English-speaking communities as vulnerable and open the door to their inclusion in policy development and health promotion and prevention strategy design.

⁴ Pocock, J. (2021). Quebec's English-Speaking Community and the Partnership Approach of its Networks in Health. *Minorités linguistiques et société/ Linguistic Minorities and Society*, (15-16), 264-283.
<https://www.erudit.org/en/journals/>